

Office Space Lease Return Condition Assessment

Tenant Name

Lease Address

Assessment Date

Assessor Name

Assessment Checklist

Area/Item	Condition	Comments
Floors	<div></div>	<div></div>
Walls & Ceilings	<div></div>	<div></div>
Doors & Windows	<div></div>	<div></div>
Lighting Fixtures	<div></div>	<div></div>
Power Outlets & Data Ports	<div></div>	<div></div>
Restrooms	<div></div>	<div></div>
HVAC	<div></div>	<div></div>
Kitchen / Pantry	<div></div>	<div></div>
Other	<div></div>	<div></div>

General Notes

Final Assessment / Sign-Off

Assessor Signature

Date