

# Shared Workspace Lease Move-Out Condition Form

Workspace Name/ID

Tenant Name/Company

Lease Start Date

Lease End Date

Date of Move-Out Inspection

## Move-Out Condition Checklist

ITEM/AREA	CONDITION AT MOVE-OUT	NOTES
Desks & Chairs	<input type="text"/>	<input type="text"/>
Floors/Carpets	<input type="text"/>	<input type="text"/>
Walls/Partitions	<input type="text"/>	<input type="text"/>
Lighting & Fixtures	<input type="text"/>	<input type="text"/>
Kitchen/Break Area	<input type="text"/>	<input type="text"/>
Restrooms	<input type="text"/>	<input type="text"/>
Entrance/Reception	<input type="text"/>	<input type="text"/>
Equipment (Printers, etc.)	<input type="text"/>	<input type="text"/>

Keys/Access Cards Returned

Other

Additional Comments

Tenant Signature

Date

Staff Signature

Date