

# Luxury Condo Move-In/Move-Out Inspection Sheet

Resident Name

Unit Number

Inspection Date

Move-In / Move-Out

Inspector Name

Contact Number

## Inspection Areas

Area/Item	Condition (Move-In)	Condition (Move-Out)	Comments
Entry/Foyer	<input type="text"/>	<input type="text"/>	<input type="text"/>
Living Room	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dining Area	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kitchen	<input type="text"/>	<input type="text"/>	<input type="text"/>
Master Bedroom	<input type="text"/>	<input type="text"/>	<input type="text"/>
Guest Bedroom	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bath(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Balcony/Terrace	<input type="text"/>	<input type="text"/>	<input type="text"/>
Windows/Doors	<input type="text"/>	<input type="text"/>	<input type="text"/>
Floors/Walls/Ceiling	<input type="text"/>	<input type="text"/>	<input type="text"/>

Appliances

**Additional Notes**

Resident Signature

Date

Inspector Signature

Date