ANNUAL PROPERTY INSPECTION

PROPERTY: _____
OWNER: _____
TENANT: _____

LIVING ROOM	OK	NONE	OTHER REMARKS
Walls			
Ceiling			
Floor/Carpet			
Closets/Doors/Locks			
Lights			
Mirrors			
Drapes/Rods/Blinds			
Windows/Tracks/Screens			
Fireplace			
Air Conditioner			

DINING & HALLS	OK	NONE	OTHER REMARKS
Walls			
Ceiling			
Floor/Carpet			
Closets/Doors/Locks			
Lights			
Mirrors			
Drapes/Rods/Blinds			
Windows/Tracks/Screens			
Fireplace			
Air Conditioner			

KITCHEN	OK	NONE	OTHER REMARKS
Walls			
Ceiling			
Floor			
Counter Tops/Tile			
Cabinets/Closets			
Oven/Stove			
Hood/Fan/Lights			
Refrigerator/Freezer			
Dishwasher			
Sink/Faucet			
Disposal			
Air Conditioner			

BEDROOM 1	OK	NONE	OTHER REMARKS
Walls			
Ceiling			
Floor/Carpet			
Lights			
Mirrors			
Drapes/Rods/Blinds			
Windows/Tracks/Screens			
Closets/Doors/Shelves			
Air Conditioner			

BATHROOM	OK	NONE	OTHER REMARKS
Walls/Ceiling			
Floor			
Cabinets/Mirrors			
Sink			
Tub/Shower			
Tile/Grout			
Lights			
Vent Fan			
Toilets			
Windows/Door			
Towel/Accessories			

ANNUAL PROPERTY INSPECTION - (continued)

BEDROOM 2	**OK**	**NONE**	**OTHER REMARKS**
Walls			
Ceiling			
Floor/carpet			
Lights			
Mirrors			
Drapes/Rods/Blinds			
Windows/Tracks/Screens			
Closets/Doors/Shelves			
Air Conditioner			

BATHROOM 2	**OK**	**NONE**	**OTHER REMARKS**
Walls/Ceiling			
Floor			
Cabinets/Mirrors			
Sink			
Tub/Shower			
Tile/Grout			
Lights			
Vent Fan			
Toilets			
Windows/Door			
Towel/Accessories			
Air Conditioner			

BEDROOM 3	**OK**	**NONE**	**OTHER REMARKS**
Walls			
Ceiling			
Floor/Carpet			
Lights			
Mirrors			
Drapes/Rods/Blinds			
Windows/Tracks/Screens			
Closets/Doors/Shelves			
Air Conditioner			

BATHROOM 3	**OK**	**NONE**	**OTHER REMARKS**
Walls/Ceiling			
Floor			
Cabinets/Mirrors			
Sink			
Tub/Shower			
Tile/Grout			
Lights			
Vent Fan			
Toilets			
Windows/Door			
Towel/Accessories			

MISCELLANEOUS	**OK**	**NONE**	**OTHER REMARKS**
Washer/Dryer			
Heat/Air Conditioner			
Balcony/Deck/Patio			
Storage/Parking Area			
Garden/Plants/Grass			
Roof/Gutters			

COMMENTS:

_____

_____

_____

RECOMMENDATIONS:

_____

_____

BY: _____ _____

Agent's Name Date