# U.S. DOD Form dod-usmc-agcc-housing-pre-vacate-maintenance-evaluation

# HOUSING PRE-VACATE MAINTENANCE EVALUATION

# of Bdrms: _____

NAME: _____ RANK: _____ WORK EXT: _____

ADDRESS: _____ HOME PHONE: 8- _____

PRE-VACATE Schedule on _____ at _____
FINAL CHECK-OUT Schedule on _____ at _____

TO CONTRACTOR from 0800 _____ to 0800 _____
New Tenant CHECK-IN: _____ (P.M.)

Date of Last: Paint T/O: _____ TILE: _____ VINYL: _____ CARPET: _____

| Appliances: | Make | Year | Serial# | Condition/Repairs Needed | Replace: |
|---|---|---|---|---|---|
| Refrigerator: | | | | | |
| Stove: | | | | | |
| Dishwasher: | | | | | |

GOVERNMENT WASHER/DRYER IN QUARTERS: _____ YES.

CONTRACTOR TO: PAINT T/O: _____ PARTIAL PAINT as identified: _____

VINYL: under sinks: ____ kitchen: ____ Svc Rm: ___ Family Rm: ____ Bath: ____

CARPET: _____ REMOVE WALLPAPER: _____ TUB REPAIR: _____

ADDITIONAL MAINTENACE and CHARGES: _____

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ROACH SPRAY (a.m.): _____ SPECIAL NOTE: _____