

# RECORD OF TERMINATION

QUARTERS NO. _____ OCCUPANT'S NAME _____ INSPECTION DATE & TIME _____ RECHECK DATE & TIME _____ DATE QTRS TERMINATED _____ SSN: _____ SM UNIT _____ RANK _____	( ) PAINT ONLY _____ LAST PAINT _____ ( ) COOM PAINT CLEAN CARPET _____ ( ) KEYS MISSING _____ ( ) CHARGES _____ ( ) PASS WITHOUT CHARGES _____
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**IF YOU SHOULD FAIL YOUR RESIDENT OUT, YOUR QUARTERS WILL BE REINSPECTED COMPLETELY IF THE FOLLOWUP INSPECTION IS NOT WITHIN 24 HRS. IF FOLLOWUP INSPECTION IS WITHIN 24 HRS YOU WILL ONLY BE REINSPECTED ON THE FAILED ITEMS.**

**KITCHEN:**

**STOVE / HOOD**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**WINDOWS:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**BEDROOMS:**

1. 2. 3. 4. 5. \_\_\_\_\_
1. 2. 3. 4. 5. \_\_\_\_\_
1. 2. 3. 4. 5. \_\_\_\_\_

**REFRIGERATOR:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**LIGHTS:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**BATHROOMS:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**DISHWASHER:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**FLOORS:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**LIVINGROOM / HALLWAY:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**EXHAUST FAN/ VENTS**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**CARPET:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**PATIO / PORCH**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**CABINETS / CLOSETS:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**WALLS/ COUNTERS:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**CARPORT / GARAGE:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**OUTSIDE AREA:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**STORAGE AREA:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**YARD / GARBAGE CANS**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**THE FOLLOWING DAMAGES ARE BEING CHARGED TO YOU. IF YOU HAVE ANY QUESTIONS, YOU SHOULD ASK THE INSPECTOR BEFORE LEAVING THE QUARTERS. YOUR SIGNATURE REPRESENTS YOUR CONCURRENCE.**

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\_\_\_\_\_  
OCCUPANT'S SIGNATURE

\_\_\_\_\_  
INSPECTOR