

UNIT CONDITION REPORT AND EQUIPMENT RECORD

ADDRESS:		RANK:		UNIT SIZE:	
NAME:		DATE OCCUPIED:			
KITCHEN & SERVICE ROOM:		BATH:			
LIVING ROOM:		ITEM:	MAKE:	SERIAL#:	COND:
		FRIDGE			
		STOVE			
		DISHWASH.			
		KEYS:	TRASHCAN:		
FAMILY/DINING ROOM:		GARAGE/CARPORT/PATIO:			
BEDROOMS:		CONDITION OF UNIT: CLEAN, DUSTY, _____ CONDITON OF YARD: GOOD, FAIR, POOR REMINDERS: *2 PET POLICY *FENCE POLICY *LAWN CARE: TUESDAYS *NO ADHESIVE PRODUCTS *LIMITED AUTO MAINTENANCE *UTILITIES *COMPLY WITH HOUSING REGS PUBLISHED IN CCO P 11101.12J & OCCUPANT HANDBOOK *TRASH DAY: TUE, WED, THU, FRI *WATERING HOURS: *GUEST REGISTRATION: 72 HOURS *ABSENCE FROM QUARTERS: 72 HOURS			
I CERTIFY THAT THE ABOVE CHECK IN INSPECTION REPRESENTS A TRUE RECORD OF THE CONDITION OF THE UNIT AND RECORD OF EQUIPMENT FOR WHICH I HAVE SIGNED. I FURTHER AGREE TO HAVE MY UNIT IN THE PROPER STATE OF CLEANLINESS AND TO PAY FOR DAMAGE INCURRED OR ITEMS MISSING DURING MY OCCUPANCY. NORMAL WEAR AND TEAR IS EXPECTED.		REMARKS:			
OCCUPANT SIGNATURE		CHECK-IN DATE	OCCUPANT SIGNATURE		CHECK-OUT DATE
INSPECTOR		CHECK-IN DATE	INSPECTOR		CHECK-OUT DATE