



PARKLANE MANAGEMENT COMPANY, LLC
 INVESTMENT PROPERTY
 DEVELOPMENT ■ MANAGEMENT

Property Name: _____
 Unit Number: _____
 Resident Name(s): _____

Move-In Inspection Form	The resident accepts responsibility for the condition of the above-described residence "AS IS" with any exceptions listed below. If form is not returned by the return date resident accepts the unit had no deficiencies.	Number of Keys Issued:	Today's Date: _____
		Door: _____ Mall: _____	Return By Date: _____
ROOM/ITEMS	RESIDENT COMMENTS	ROOM/ITEMS	RESIDENT COMMENTS
LIVING ROOM	OK: _____ NOT OK: See Comments Below	HALL/MISC.	OK: _____ NOT OK: See Comments Below
Walls/Outlets		Walls/Outlets	
Ceiling/Lights		Ceiling/Lights	
Floor/Carpet		Floor/Carpet	
Windows/Covering /Screens		Doors/Closets	
Doors/Closets		Fire Ext./ Smoke Alarm(s)	
Other		Heating/ A/C Other	
DINING ROOM	OK: _____ NOT OK: See Comments Below	BEDROOMS	OK: _____ NOT OK: See Comments Below
Walls/Outlets		Walls/Outlets	
Ceiling/Lights		Ceiling/Lights	
Floor/Carpet		Floor/Carpet	
Windows/Covering /Screens		Windows/Covering/ Screens	
Doors/Closets		Doors/Closets	
Other		Other	
KITCHEN	OK: _____ NOT OK: See Comments Below	BATHS	OK: _____ NOT OK: See Comments Below
Walls/Outlets		Walls/TP/Towel Bars	
Ceiling/Lights		Ceiling/Lights/Outlets	
Floor		Floor	
Windows/Covering /Screens		Counters/Tile	
Cabinets		Cabinets/Mirror	
Counters/Tile		Plumbing/Fixtures	
Kitchen Appliances		Toilet/Seat	
Other		Other	

NOTICE: All Parklane Management Properties are Smoke Free. The resident shall be responsible for the condition of this residence and any damage beyond normal wear tear will be paid for at residents expense.

Resident Signature: _____ Date: _____ Resident Signature: _____ Date: _____

Print Name: _____ Print Name: _____

Property Manager Signature: _____ Date: _____ Print Name: _____