



PENKERT PROPERTIES, LTD.
REAL ESTATE INVESTMENTS & MANAGEMENT

TENANT INSPECTION ACCEPTANCE

MOVE IN / OUT DATE
(Circle)

Wis. Code ATCP 134.06
Requires Tenant to complete inspection within 7 days of move-in.
This will protect from wrongful charges due to pre-existing conditions.

✓ Indicates Satisfactory -- X Indicates Repair or Cleaning

Tenant Name _____
Address _____
City _____ State _____ Zip _____
Lease Term From _____ to _____

- MOVE IN
- MOVE OUT
- PROPER NOTICE/IMPROPER
- ABANDONED
- EVICTION

ROOM OR AREA	INSPECTION NOTES	\$CLEAN/CORRECT
KITCHEN		
Stove		
Burner Reflectors		
Racks Missing		
Broiler Pan Missing		
Light / Fan		
Comments		
HOOD		
Fan-light		
Filter-Missing		
Disposal		
Comments		
REFRIGERATOR		
Outside/Inside		
Ice Trays		
Vacuum, Coil-motor		
Clean Floor Under		
Comments		
DISHWASHER		
Outside-controls		
Inside (all parts)		
Comments		
SINK		
Counter Tops		
Faucets		
Comments		
CUPBOARDS		
Shelves/Drawers		
Drawers		
Under Sink		
Comments		
BATHROOM		
Cabinet / Vanity		
Toilet		
Shower Stall		
Tile-Caulk		
Towel Bars		
Faucets		
Comments		
PAINTING		
Kitchen		
Bathroom		
Dining Room		
Living Room		
Bedroom 1		
Bedroom 2		
Hallway		
Walls Condition		
Comments		

ROOM OR AREA	INSPECTION NOTES	\$ CLEAN/CORRECT
CARPETING		
Kitchen		Contracted Cost TBD
Bathroom		
Dining Room		
Living Room		
Bedroom 1		
Bedroom 2		
Hallway		
Condition of Carpet		
# of Stains		
Comments		
VINYL FLOORING		
Kitchen		Contracted Cost TBD
Bathroom		
Dining Room		
Hallway		
Comments		
WINDOW/DOOR/SCREEN		
Kitchen		
Bathroom		
Dining Room		
Living Room		
Bedroom 1		
Bedroom 2		
Comments		
MISCELLANEOUS		
Drapes/Rods/Blinds		
Door Keys / Repl. Lock		
Garage Keys/Opener		
Mail Box Keys Replace		
A/C Unit / Cover		
Patio Door/Screen		
Fixtures & Bulbs		
Furniture Removal		
Storage Locker		
Misc Cleaning/Trash		
Additional Comments		

WI Code ATCP 134.06 I acknowledge that within 7 days of move in it is my responsibility to submit a list of any other damage issues of concern not on this inspection to the manager or owner.

Tenant _____ Tenant _____

MOVE IN INSPECTION
Tenant accepts responsibility of rental unit "As Is" with the exception listed above.
Tenant _____ Date _____
Manager _____ Date _____

FOR OFFICE USE ONLY:	
Security Deposit	\$
Unit Re-Rented <input type="checkbox"/> NO <input type="checkbox"/> YES Date _____	\$
Repair & Cleaning	\$
Abused Carpet Cleaning <input type="checkbox"/> Tenant (Receipt Attached)	\$
Painting <input type="checkbox"/> Full <input type="checkbox"/> Touch Up <input type="checkbox"/> None	\$
Supplies	\$
Utilities <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Electric	\$
Past Due Rent	\$
Repairs / Maintenance	\$
Rent Promotion Reimbursement	\$
Estimated Cleaning Hours _____	\$
Balance Due/Owing	\$

MOVE OUT INSPECTION
Forwarding Address _____
Inspection results hereby accepted.
Tenant _____ Date _____
Manager _____ Date _____



White - Original

Yellow - Resident

Pink - Manager