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1630 South College Ave  
Fort Collins, CO 80525

# ALL Property Services, Inc.

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1113 N Cleveland Ave  
Loveland, CO 80537

Residential, Commercial and HOA Property Management

## MOVE IN INSPECTION SHEET

**Must Be Returned Within 10 Days of Move-In/Lease Start Date To Be Valid**

We Will Date Stamp This Document As Proof Of Receipt  
If You Would Like A Copy For Your Records, Please Ask Upon Turn In

Tenant Name: \_\_\_\_\_

Move-In/Lease Start Date: \_\_\_\_\_

Tenant Signature: \_\_\_\_\_

Tenant Name: \_\_\_\_\_

Tenant Signature: \_\_\_\_\_

Tenant Name: \_\_\_\_\_

Tenant Signature: \_\_\_\_\_

Property Address: \_\_\_\_\_

### Exterior:

Roof: \_\_\_\_\_

Siding: \_\_\_\_\_

Sidewalks: \_\_\_\_\_

Driveway: \_\_\_\_\_

### Yard:

Lawn: \_\_\_\_\_

Trees: \_\_\_\_\_

Flowers: \_\_\_\_\_

Fence: \_\_\_\_\_

Sprinkler System: \_\_\_\_\_

Patio/Deck Condition: \_\_\_\_\_

Glass Patio Doors/Screens: \_\_\_\_\_

### Kitchen:

Range: \_\_\_\_\_

Refrigerator: \_\_\_\_\_

Dishwasher: \_\_\_\_\_

Disposal: \_\_\_\_\_

Sinks: \_\_\_\_\_

Flooring: \_\_\_\_\_

Ceiling: \_\_\_\_\_

Lighting: \_\_\_\_\_

Cabinets: \_\_\_\_\_

Counter Tops: \_\_\_\_\_

### Dining Room:

Carpet/Flooring: \_\_\_\_\_

Walls: \_\_\_\_\_

Ceiling: \_\_\_\_\_  
Lighting: \_\_\_\_\_  
Window Coverings: \_\_\_\_\_  
Windows/Screens: \_\_\_\_\_  
Doors/Trim: \_\_\_\_\_  
Railings/Banisters: \_\_\_\_\_

Living Room:

Carpet/Flooring: \_\_\_\_\_  
Walls: \_\_\_\_\_  
Ceiling: \_\_\_\_\_  
Lighting: \_\_\_\_\_  
Window Coverings: \_\_\_\_\_  
Windows/Screens: \_\_\_\_\_  
Doors/Trim: \_\_\_\_\_  
Railings/Banisters: \_\_\_\_\_

Bathroom 1: Location: \_\_\_\_\_

Flooring: \_\_\_\_\_  
Walls: \_\_\_\_\_  
Ceiling: \_\_\_\_\_  
Lighting: \_\_\_\_\_  
Vanity: \_\_\_\_\_  
Sink: \_\_\_\_\_  
Mirrors: \_\_\_\_\_  
Toilet: \_\_\_\_\_  
Shower/Tub/Surround: \_\_\_\_\_  
Doors/Trim: \_\_\_\_\_  
Window Coverings: \_\_\_\_\_  
Windows/Screens: \_\_\_\_\_

Bathroom 2: Location: \_\_\_\_\_

Flooring: \_\_\_\_\_  
Walls: \_\_\_\_\_  
Ceiling: \_\_\_\_\_  
Lighting: \_\_\_\_\_  
Vanity: \_\_\_\_\_  
Sink: \_\_\_\_\_  
Mirrors: \_\_\_\_\_  
Toilet: \_\_\_\_\_  
Shower/Tub/Surround: \_\_\_\_\_  
Doors/Trim: \_\_\_\_\_  
Window Coverings: \_\_\_\_\_  
Windows/Screens: \_\_\_\_\_

Bathroom 3: Location: \_\_\_\_\_

Flooring: \_\_\_\_\_  
Walls: \_\_\_\_\_  
Ceiling: \_\_\_\_\_  
Lighting: \_\_\_\_\_  
Vanity: \_\_\_\_\_  
Sink: \_\_\_\_\_  
Mirrors: \_\_\_\_\_  
Toilet: \_\_\_\_\_  
Shower/Tub/Surround: \_\_\_\_\_  
Doors/Trim: \_\_\_\_\_  
Window Coverings: \_\_\_\_\_  
Windows/Screens: \_\_\_\_\_

Bathroom 4: Location: \_\_\_\_\_  
Flooring: \_\_\_\_\_  
Walls: \_\_\_\_\_  
Ceiling: \_\_\_\_\_  
Lighting: \_\_\_\_\_  
Vanity: \_\_\_\_\_  
Sink: \_\_\_\_\_  
Mirrors: \_\_\_\_\_  
Toilet: \_\_\_\_\_  
Shower/Tub/Surround: \_\_\_\_\_  
Doors/Trim: \_\_\_\_\_  
Window Coverings: \_\_\_\_\_  
Windows/Screens: \_\_\_\_\_

Bedroom 1: Location: \_\_\_\_\_  
Flooring: \_\_\_\_\_  
Walls: \_\_\_\_\_  
Ceiling: \_\_\_\_\_  
Lighting: \_\_\_\_\_  
Walk-In Closet: \_\_\_\_\_  
Window Coverings: \_\_\_\_\_  
Windows/Screens: \_\_\_\_\_  
Doors/Trim: \_\_\_\_\_

Bedroom 2: Location: \_\_\_\_\_  
Flooring: \_\_\_\_\_  
Walls: \_\_\_\_\_  
Ceiling: \_\_\_\_\_  
Lighting: \_\_\_\_\_  
Walk-In Closet: \_\_\_\_\_  
Window Coverings: \_\_\_\_\_  
Windows/Screens: \_\_\_\_\_  
Doors/Trim: \_\_\_\_\_

Bedroom 3: Location: \_\_\_\_\_  
Flooring: \_\_\_\_\_  
Walls: \_\_\_\_\_  
Ceiling: \_\_\_\_\_  
Lighting: \_\_\_\_\_  
Walk-In Closet: \_\_\_\_\_  
Window Coverings: \_\_\_\_\_  
Windows/Screens: \_\_\_\_\_  
Doors/Trim: \_\_\_\_\_

Bedroom 4: Location: \_\_\_\_\_  
Flooring: \_\_\_\_\_  
Walls: \_\_\_\_\_  
Ceiling: \_\_\_\_\_  
Lighting: \_\_\_\_\_  
Walk-In Closet: \_\_\_\_\_  
Window Coverings: \_\_\_\_\_  
Windows/Screens: \_\_\_\_\_  
Doors/Trim: \_\_\_\_\_

Bedroom 5: Location: \_\_\_\_\_  
Flooring: \_\_\_\_\_  
Walls: \_\_\_\_\_  
Ceiling: \_\_\_\_\_  
Lighting: \_\_\_\_\_  
Walk-In Closet: \_\_\_\_\_  
Window Coverings: \_\_\_\_\_  
Windows/Screens: \_\_\_\_\_  
Doors/Trim: \_\_\_\_\_

Bedroom 6: Location: \_\_\_\_\_  
Flooring: \_\_\_\_\_  
Walls: \_\_\_\_\_  
Ceiling: \_\_\_\_\_  
Lighting: \_\_\_\_\_  
Walk-In Closet: \_\_\_\_\_  
Window Coverings: \_\_\_\_\_  
Windows/Screens: \_\_\_\_\_  
Doors/Trim: \_\_\_\_\_

Entry Way:  
Flooring: \_\_\_\_\_  
Walls: \_\_\_\_\_  
Ceiling: \_\_\_\_\_  
Lighting: \_\_\_\_\_  
Window Coverings: \_\_\_\_\_  
Windows/Screens: \_\_\_\_\_  
Doors/Trim/Storm Door: \_\_\_\_\_

Laundry Room/Area:  
Washer/Dryer: \_\_\_\_\_  
Flooring: \_\_\_\_\_  
Walls: \_\_\_\_\_  
Ceiling: \_\_\_\_\_  
Lighting: \_\_\_\_\_  
Window Coverings: \_\_\_\_\_  
Windows/Screens: \_\_\_\_\_  
Doors/Trim: \_\_\_\_\_

Garage:  
Floor: \_\_\_\_\_  
Walls: \_\_\_\_\_  
Ceiling: \_\_\_\_\_  
Lighting: \_\_\_\_\_  
Garage Doors/Opener: \_\_\_\_\_  
Windows/Screens: \_\_\_\_\_  
Doors/Trim: \_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_



Tenant(s) Present For Move Out Inspection? \_\_\_\_\_ All Keys & Openers Returned? \_\_\_\_\_ Carpet Cleaning Receipt Provided? \_\_\_\_\_

Move-Out Inspection Date: \_\_\_\_\_ Move-Out Inspection By: \_\_\_\_\_