

# MOVE-IN / MOVE-OUT CONDITION CHECKLIST



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**THIS CHECKLIST** is hereby made a part of the Residential Lease Agreement dated \_\_\_\_\_ by and between

**Landlord:** \_\_\_\_\_

**Tenant:** \_\_\_\_\_

**Premises Address:** \_\_\_\_\_

**Move-in Date** \_\_\_\_\_ **Move-out Date** \_\_\_\_\_

**Inspection Date** \_\_\_\_\_ **Inspection Date** \_\_\_\_\_

Complete the move-in section of this form and return it to your Landlord within five (5) days or  \_\_\_\_\_ days after occupancy. All items are deemed to be in good condition unless noted otherwise. Test all locks, window latches, smoke detectors, and equipment. **This form is not a repair request.** Submit all requests for repairs separately in accordance with your lease. You and your Landlord will also use this form upon move-out. Keep a copy for your records. Note any defects in the items listed below. **If you fail to return this form you will be held responsible for any damages, and you will be accepting the Premises in its current condition.**

## EXTERIOR ITEMS

### MOVE-IN CONDITION

### MOVE-OUT CONDITION

- |                                     |                               |                                |       |
|-------------------------------------|-------------------------------|--------------------------------|-------|
| Fences & Gates                      | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ |
| Lawn (Trees / Shrubs / Landscaping) | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ |
| Paint                               | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ |
| Front Door — Door Knob and Locks    | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ |
| Back Door — Door Knob and Locks     | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ |
| Fountain                            | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ |
| Grill                               | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ |
| Swimming Pool                       | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ |
| Hot tub / Spa                       | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ |
| Other: _____                        | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ |
- Water Shut-Off Valve Located?  Yes  No      Breaker Panel Located?  Yes  No

**COMMENTS:** \_\_\_\_\_

## GARAGE / CARPORT

### MOVE-IN CONDITION

### MOVE-OUT CONDITION

- |                             |                               |                                |       |
|-----------------------------|-------------------------------|--------------------------------|-------|
| Ceilings, Walls, Baseboards | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ |
| Floor / Driveway            | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ |
| Auto Door Opener            | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ |
| Remotes                     | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ |
| Garage Door                 | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ |
| Plugs & Switches            | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ |
| Other: _____                | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ |

**COMMENTS:** \_\_\_\_\_

## ENTRY & HALL

### MOVE-IN CONDITION

### MOVE-OUT CONDITION

- |   |                               |                                |       |
|---|-------------------------------|--------------------------------|-------|
| Ceiling, Walls (Paint), Baseboards, Vent Covers | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ |
| Doors (Close properly / Condition)              | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ |
| Flooring  | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ |
| Stairwell / Handrails                           | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ |
| Light Fixtures                                  | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ |
| Closet Shelves & Rods                           | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ |
| Other: _____                                    | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ |

**COMMENTS:** \_\_\_\_\_

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**Move-In / Move-Out Condition Checklist >>**

**LIVING ROOM**

**MOVE-IN CONDITION**

**MOVE-OUT CONDITION**

|   |                               |                                |       |       |
|---|-------------------------------|--------------------------------|-------|-------|
| Ceiling, Walls (Paint), Baseboards, Vent Covers | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |
| Fireplace                                       | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |
| Doors (Close properly / Condition)              | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |
| Flooring (Note burns, tears, stains)            | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |
| Lights & Ceiling Fans                           | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |
| Windows & Screens                               | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |
| Window coverings                                | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |
| Plugs & Switches                                | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |
| Other: _____                                    | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |

**COMMENTS:** \_\_\_\_\_  
 \_\_\_\_\_

**KITCHEN**

**MOVE-IN CONDITION**

**MOVE-OUT CONDITION**

|   |                               |                                |       |       |
|---|-------------------------------|--------------------------------|-------|-------|
| Ceiling, Walls (Paint), Baseboards, Vent Covers | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |
| Flooring  | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |
| Lights  | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |
| Plugs & Switches                                | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |
| Cabinets (Close properly / Condition)           | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |
| Drawers (Close properly / Condition)            | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |
| Countertops                                     | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |
| Sink & Faucet                                   | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |
| Disposal  | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |
| Dishwasher                                      | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |
| Microwave                                       | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |
| Refrigerator                                    | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |
| Stove   | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |
| Fan, filter & hood                              | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |
| Other: _____                                    | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |

**COMMENTS:** \_\_\_\_\_  
 \_\_\_\_\_

**DINING ROOM**

**MOVE-IN CONDITION**

**MOVE-OUT CONDITION**

|   |                               |                                |       |       |
|---|-------------------------------|--------------------------------|-------|-------|
| Ceiling, Walls (Paint), Baseboards, Vent Covers | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |
| Flooring  | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |
| Lights & Ceiling Fans                           | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |
| Windows & Screens                               | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |
| Window coverings                                | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |
| Plugs & Switches                                | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |
| Other: _____                                    | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |

**COMMENTS:** \_\_\_\_\_  
 \_\_\_\_\_

**MASTER BEDROOM**

**MOVE-IN CONDITION**

**MOVE-OUT CONDITION**

|   |                               |                                |       |       |
|---|-------------------------------|--------------------------------|-------|-------|
| Ceiling, Walls (Paint), Baseboards, Vent Covers | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |
| Doors (Close properly / Condition)              | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |
| Flooring (Note burns, tears, stains)            | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |
| Lights & Ceiling Fans                           | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |
| Windows & Screens                               | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |
| Window coverings                                | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |
| Plugs & Switches                                | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |
| Closet Shelves & Rods                           | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |
| Other: _____                                    | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |

**COMMENTS:** \_\_\_\_\_  
 \_\_\_\_\_

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**Move-In / Move-Out Condition Checklist >>**

**BEDROOM #2**

|   | <b>MOVE-IN CONDITION</b>      |                                | <b>MOVE-OUT CONDITION</b> |
|---|-------------------------------|--------------------------------|---------------------------|
| Ceiling, Walls (Paint), Baseboards, Vent Covers | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____                     |
| Doors (Close properly / Condition)              | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____                     |
| Flooring (Note burns, tears, stains)            | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ <b>SAMPLE</b> _____ |
| Lights & Ceiling Fans                           | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____                     |
| Windows & Screens                               | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____                     |
| Window coverings                                | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ <b>SAMPLE</b> _____ |
| Plugs & Switches                                | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____                     |
| Closet Shelves & Rods                           | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ <b>SAMPLE</b> _____ |
| Other: _____                                    | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ <b>SAMPLE</b> _____ |

**COMMENTS:** \_\_\_\_\_  
 \_\_\_\_\_ **SAMPLE** \_\_\_\_\_

**BEDROOM #3**

|   | <b>MOVE-IN CONDITION</b>      |                                | <b>MOVE-OUT CONDITION</b> |
|---|-------------------------------|--------------------------------|---------------------------|
| Ceiling, Walls (Paint), Baseboards, Vent Covers | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____                     |
| Doors (Close properly / Condition)              | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____                     |
| Flooring (Note burns, tears, stains)            | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ <b>SAMPLE</b> _____ |
| Lights & Ceiling Fans                           | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____                     |
| Windows & Screens                               | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____                     |
| Window coverings                                | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ <b>SAMPLE</b> _____ |
| Plugs & Switches                                | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ <b>SAMPLE</b> _____ |
| Closet Shelves & Rods                           | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ <b>SAMPLE</b> _____ |
| Other: _____                                    | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ <b>SAMPLE</b> _____ |

**COMMENTS:** \_\_\_\_\_  
 \_\_\_\_\_ **SAMPLE** \_\_\_\_\_

**BEDROOM #4 / DEN / LOFT**

|   | <b>MOVE-IN CONDITION</b>      |                                | <b>MOVE-OUT CONDITION</b> |
|---|-------------------------------|--------------------------------|---------------------------|
| Ceiling, Walls (Paint), Baseboards, Vent Covers | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____                     |
| Doors (Close properly / Condition)              | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ <b>SAMPLE</b> _____ |
| Flooring (Note burns, tears, stains)            | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____                     |
| Lights & Ceiling Fans                           | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____                     |
| Windows & Screens                               | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ <b>SAMPLE</b> _____ |
| Window coverings                                | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____                     |
| Plugs & Switches                                | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____                     |
| Closet Shelves & Rods                           | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ <b>SAMPLE</b> _____ |
| Other: _____                                    | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ <b>SAMPLE</b> _____ |

**COMMENTS:** \_\_\_\_\_  
 \_\_\_\_\_ **SAMPLE** \_\_\_\_\_

**BATHROOM (MASTER)**

|  | <b>MOVE-IN CONDITION</b>      |                                | <b>MOVE-OUT CONDITION</b> |
|--|-------------------------------|--------------------------------|---------------------------|
| Ceiling, Walls (Paint), Baseboards, Vent Covers              | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____                     |
| Doors (Close properly / Condition)                           | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ <b>SAMPLE</b> _____ |
| Flooring   | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____                     |
| Light Fixtures   | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____                     |
| Plugs & Switches   | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ <b>SAMPLE</b> _____ |
| Cabinets (Close properly / Condition)                        | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ <b>SAMPLE</b> _____ |
| Countertops  | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____                     |
| Sinks & Faucets  | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ <b>SAMPLE</b> _____ |
| Soap dishes, towel bars, shower rod,<br>paper holders secure | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____                     |
| Mirrors  | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____                     |
| Medicine Cabinet   | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____                     |
| Tub / Shower & Faucets                                       | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ <b>SAMPLE</b> _____ |
| Toilet   | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____                     |
| Plumbing working properly                                    | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____                     |

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**Move-In / Move-Out Condition Checklist >>**

Linen Closet  Good  Other \_\_\_\_\_  
 Fan  Good  Other \_\_\_\_\_  
 Other: \_\_\_\_\_  Good  Other \_\_\_\_\_

SAMPLE

**COMMENTS:** \_\_\_\_\_  
 SAMPLE

**BATHROOM #2**

**MOVE-IN CONDITION**

**MOVE-OUT CONDITION**

Ceiling, Walls (Paint), Baseboards, Vent Covers  Good  Other \_\_\_\_\_  
 Doors (Close properly / Condition)  Good  Other \_\_\_\_\_  
 Flooring  Good  Other \_\_\_\_\_  
 Light Fixtures  Good  Other \_\_\_\_\_  
 Plugs & Switches  Good  Other \_\_\_\_\_  
 Cabinets (Close properly / Condition)  Good  Other \_\_\_\_\_  
 Countertops  Good  Other \_\_\_\_\_  
 Sinks & Faucets  Good  Other \_\_\_\_\_  
 Soap dishes, towel bars, shower rod  Good  Other \_\_\_\_\_  
 Tub / Shower & Faucets  Good  Other \_\_\_\_\_  
 Toilet  Good  Other \_\_\_\_\_  
 Plumbing working properly  Good  Other \_\_\_\_\_  
 Fan  Good  Other \_\_\_\_\_  
 Other: \_\_\_\_\_  Good  Other \_\_\_\_\_

SAMPLE

SAMPLE

SAMPLE

SAMPLE

**COMMENTS:** \_\_\_\_\_  
 SAMPLE

**BATHROOM #3**

**MOVE-IN CONDITION**

**MOVE-OUT CONDITION**

Ceiling, Walls (Paint), Baseboards, Vent Covers  Good  Other \_\_\_\_\_  
 Doors (Close properly / Condition)  Good  Other \_\_\_\_\_  
 Flooring  Good  Other \_\_\_\_\_  
 Light Fixtures  Good  Other \_\_\_\_\_  
 Plugs & Switches  Good  Other \_\_\_\_\_  
 Cabinets (Close properly / Condition)  Good  Other \_\_\_\_\_  
 Countertops  Good  Other \_\_\_\_\_  
 Sinks & Faucets  Good  Other \_\_\_\_\_  
 Soap dishes, towel bars, shower rod  Good  Other \_\_\_\_\_  
 Tub / Shower & Faucets  Good  Other \_\_\_\_\_  
 Toilet  Good  Other \_\_\_\_\_  
 Plumbing working properly  Good  Other \_\_\_\_\_  
 Fan  Good  Other \_\_\_\_\_  
 Other: \_\_\_\_\_  Good  Other \_\_\_\_\_

SAMPLE

SAMPLE

SAMPLE

SAMPLE

SAMPLE

**COMMENTS:** \_\_\_\_\_  
 SAMPLE

**UTILITY / LAUNDRY ROOM**

**MOVE-IN CONDITION**

**MOVE-OUT CONDITION**

Fan  Good  Other \_\_\_\_\_  
 Cabinets (Close properly / Condition)  Good  Other \_\_\_\_\_  
 Sink  Good  Other \_\_\_\_\_  
 Washer  Good  Other \_\_\_\_\_  
 Dryer  Good  Other \_\_\_\_\_  
 Washer / Dryer Hookups  Good  Other \_\_\_\_\_  
 Dryer Vent  Good  Other \_\_\_\_\_  
 Flooring (Note burns, tears, stains)  Good  Other \_\_\_\_\_  
 Doors (Close properly / Condition)  Good  Other \_\_\_\_\_  
 Switches  Good  Other \_\_\_\_\_  
 Other: \_\_\_\_\_  Good  Other \_\_\_\_\_

SAMPLE

SAMPLE

SAMPLE

SAMPLE

**COMMENTS:** \_\_\_\_\_  
 SAMPLE

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Move-In / Move-Out Condition Checklist >>

**ADDITIONAL ROOM**

Room Name: \_\_\_\_\_ **SAMPLE**

|       | <b>MOVE-IN CONDITION</b>                                     | <b>MOVE-OUT CONDITION</b> |
|-------|--|---------------------------|
| _____ | <input type="checkbox"/> Good <input type="checkbox"/> Other | _____ <b>SAMPLE</b>       |
| _____ | <input type="checkbox"/> Good <input type="checkbox"/> Other | _____                     |
| _____ | <input type="checkbox"/> Good <input type="checkbox"/> Other | _____                     |
| _____ | <input type="checkbox"/> Good <input type="checkbox"/> Other | _____ <b>SAMPLE</b>       |
| _____ | <input type="checkbox"/> Good <input type="checkbox"/> Other | _____                     |
| _____ | <input type="checkbox"/> Good <input type="checkbox"/> Other | _____ <b>SAMPLE</b>       |
| _____ | <input type="checkbox"/> Good <input type="checkbox"/> Other | _____                     |
| _____ | <input type="checkbox"/> Good <input type="checkbox"/> Other | _____ <b>SAMPLE</b>       |
| _____ | <input type="checkbox"/> Good <input type="checkbox"/> Other | _____                     |

**OTHER**

|                          | <b>MOVE-IN CONDITION</b>                                     | <b>MOVE-OUT CONDITION</b> |
|--------------------------|--|---------------------------|
| Heating                  | <input type="checkbox"/> Good <input type="checkbox"/> Other | _____ <b>SAMPLE</b>       |
| A/C                      | <input type="checkbox"/> Good <input type="checkbox"/> Other | _____                     |
| Swamp Cooler             | <input type="checkbox"/> Good <input type="checkbox"/> Other | _____ <b>SAMPLE</b>       |
| Filters size: _____      | <input type="checkbox"/> Good <input type="checkbox"/> Other | _____                     |
| Fire Sprinklers          | <input type="checkbox"/> Yes <input type="checkbox"/> No     | _____                     |
| Security Alarm           | <input type="checkbox"/> Yes <input type="checkbox"/> No     | _____                     |
| Smoke Detector(s)        | <input type="checkbox"/> Yes <input type="checkbox"/> No     | _____ <b>SAMPLE</b>       |
| Carbon Monoxide Detector | <input type="checkbox"/> Yes <input type="checkbox"/> No     | _____                     |
| Trash Removed            | <input type="checkbox"/> Yes <input type="checkbox"/> No     | _____                     |
| _____                    | <input type="checkbox"/> Good <input type="checkbox"/> Other | _____ <b>SAMPLE</b>       |
| _____                    | <input type="checkbox"/> Good <input type="checkbox"/> Other | _____                     |

**COMMENTS:** \_\_\_\_\_ **SAMPLE**

**FIXTURE / PERSONAL PROPERTY INVENTORY**

The following fixtures / personal property are also included in the Residence (check all that apply):

|                                       | <b>QUANTITY</b> | <b>BRAND</b> | <b>COLOR</b> | <b>SERIAL #</b>     | <b>CONDITION</b> |
|---------------------------------------|-----------------|--------------|--------------|---------------------|------------------|
| <input type="checkbox"/> Refrigerator | _____           | _____        | _____        | _____ <b>SAMPLE</b> | _____            |
| <input type="checkbox"/> Stove        | _____           | _____        | _____        | _____               | _____            |
| <input type="checkbox"/> Dishwasher   | _____           | _____        | _____        | _____ <b>SAMPLE</b> | _____            |
| <input type="checkbox"/> Washer       | _____           | _____        | _____        | _____               | _____            |
| <input type="checkbox"/> Dryer        | _____           | _____        | _____        | _____ <b>SAMPLE</b> | _____            |
| <input type="checkbox"/> _____        | _____           | _____        | _____        | _____ <b>SAMPLE</b> | _____            |
| <input type="checkbox"/> _____        | _____           | _____        | _____        | _____               | _____            |
| <input type="checkbox"/> _____        | _____           | _____        | _____        | _____ <b>SAMPLE</b> | _____            |
| <input type="checkbox"/> _____        | _____           | _____        | _____        | _____               | _____            |

**COMMENTS:** \_\_\_\_\_ **SAMPLE**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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