





**INSPECTION REPORT**

| <b>AREA INSPECTED</b>   | <b>BEFORE</b>  | <b>AFTER</b> |
|---|----------------|--------------|
| Loading Dock Area   | _____          | _____        |
| Moving Room and Doors   | _____          | _____        |
| Ground Level Lobby and Doors  | _____          | _____        |
| Elevator Doors/Frame  | _____          | _____        |
| Elevator Cab/Pads   | _____          | _____        |
| Corridor Floor/Walls  | _____          | _____        |
| All Fixtures  | _____          | _____        |
| Suite Door  | _____          | _____        |
| Inspected BEFORE by:  | _____          | _____        |
| Inspected AFTER by:   | _____          | _____        |
| Signature of Building Staff and Resident after completion of move/delivery: | _____          | _____        |
|   | Building Staff | Resident     |
| Approved to Return deposit (Yes/No):  | _____          | _____        |
| Deposit Returned To (print name):   | _____          | _____        |
| Deposit Received By (signature):  | _____          | _____        |
| Date:   | _____          | _____        |
| Reason Deposit NOT Returned:  | _____          |              |