

INVENTORY and SCHEDULE OF CONDITION

Date: _____

Address of Property _____

METER READINGS:	MOVE-IN READING	MOVE-OUT READING
Gas		
Electricity		
Water		

GAS METER LOCATED: _____

ELECTRICITY METER LOCATED: _____

WATER METER LOCATED: _____

STOP COCK LOCATED: _____

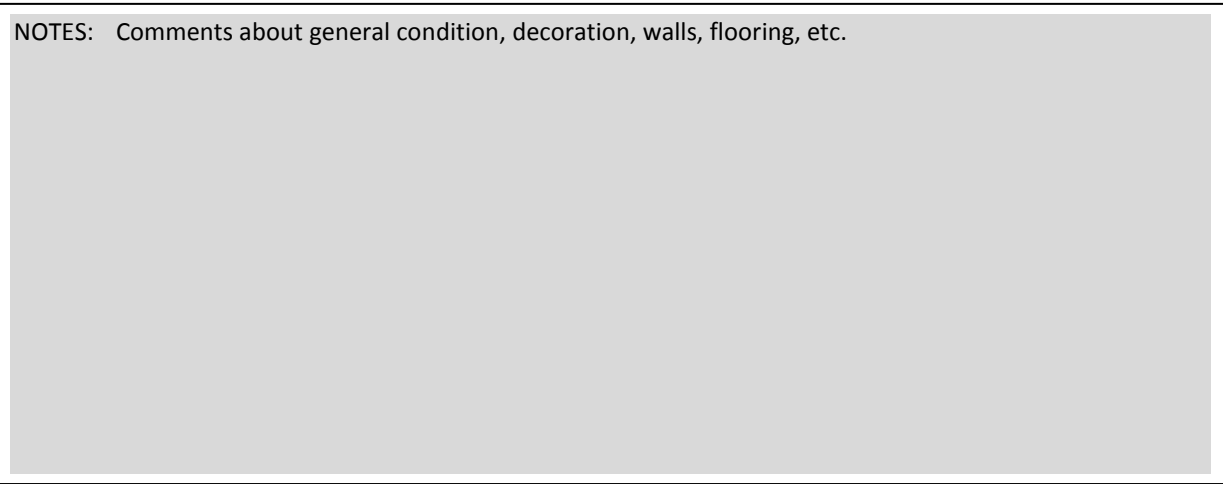
KEYS: TYPES AND HOW MANY ISSUED: _____

LIST OF CONTENTS SCHEDULE OF CONDITION BY ROOM

ROOM: _____

LIST OF CONTENTS	SCHEDULE OF CONDITION

NOTES: Comments about general condition, decoration, walls, flooring, etc.



LIST OF CONTENTS SCHEDULE OF CONDITION BY ROOM

ROOM: _____

LIST OF CONTENTS	SCHEDULE OF CONDITION

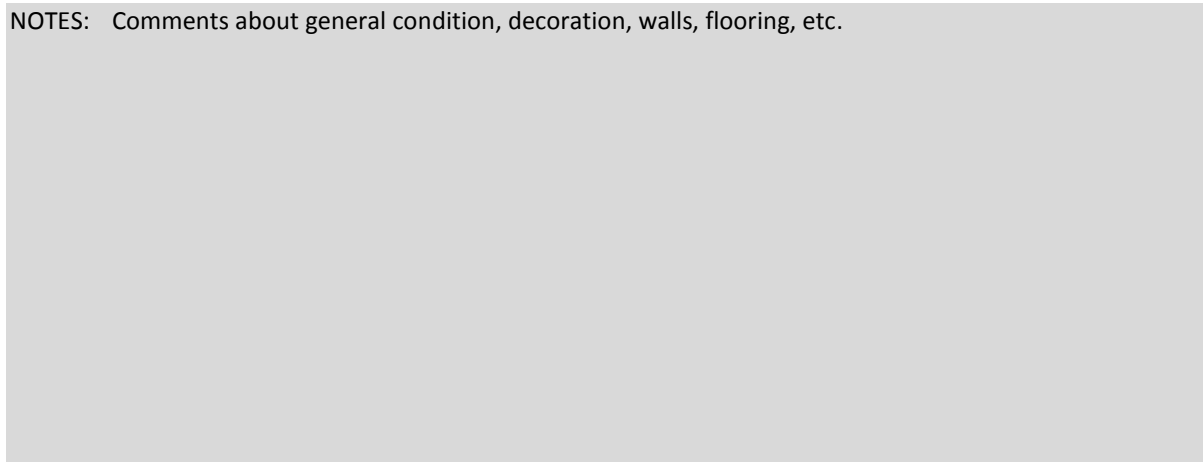
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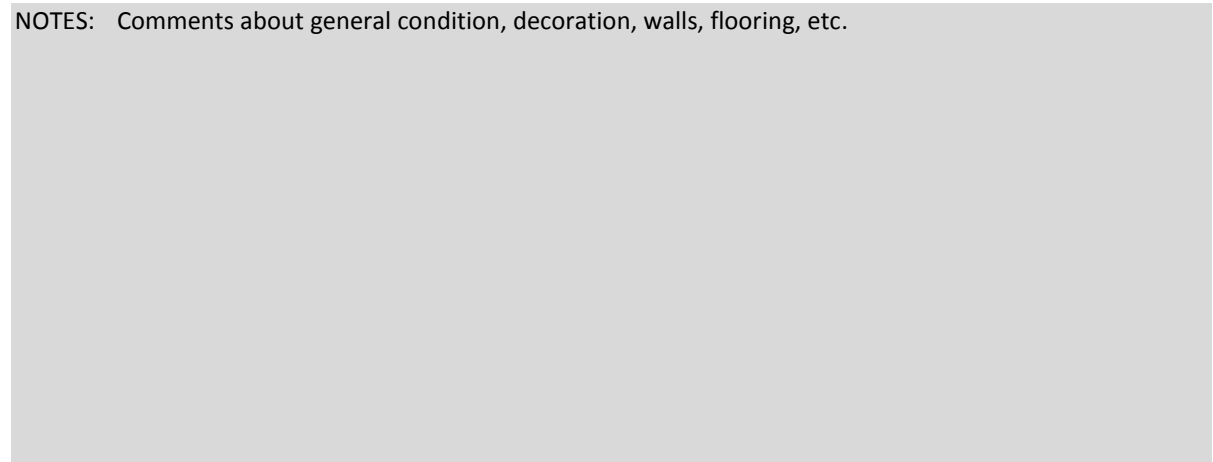


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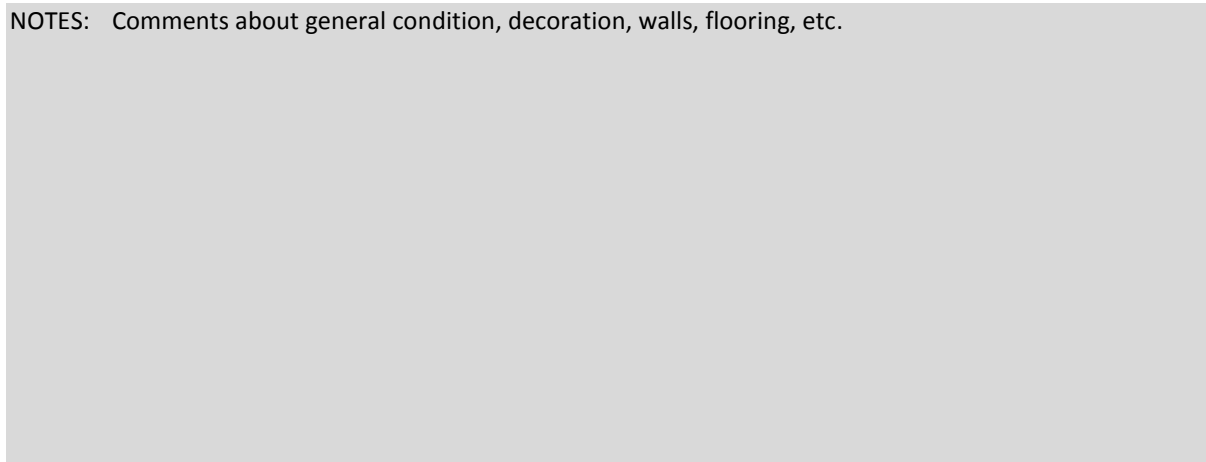
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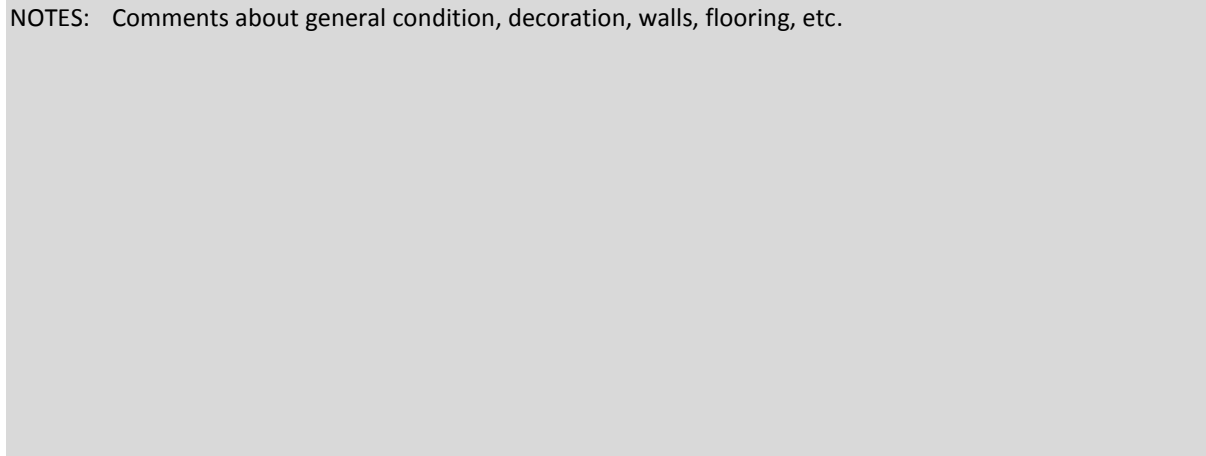


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The list of contents and schedule of condition contained in this inventory have been checked and verified.

SIGNATURE OF LANDLORD

_____ DATE _____

SIGNATURES OF TENANTS

_____ DATE _____

_____ DATE _____

_____ DATE _____

_____ DATE _____

_____ DATE _____

_____ DATE _____