

INSPECTION CHECKLIST

Address of the property: _____

Please initial on the line for each item if there are no defects. If there are defects, please fill out on the comments line.

	SATISFACTORY	COMMENTS
Appliances	_____	_____
Bathrooms	_____	_____
Bedrooms	_____	_____
Carpeting	_____	_____
Ceilings	_____	_____
Doors	_____	_____
Kitchen	_____	_____
Lights	_____	_____
Lanai	_____	_____
Screens	_____	_____
Walls	_____	_____
Windows/coverings	_____	_____
Other:	_____	

Name: _____

Date: _____

Signature: _____

- To be filled out and returned via email to: info@allinpmfl.com
- If this form is not returned within 24 hours upon arrival, it will be assumed that all items are in order