



OREGON (NOT FOR CITY OF PORTLAND)
**SINGLE FAMILY/CONDO/MULTIPLEX
 MOVE-IN & OUT INSPECTION**



DATE _____ PROPERTY NAME / NUMBER _____

RESIDENT NAME(S) _____

UNIT NUMBER _____ STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

OF BEDROOMS _____ # OF BATHROOMS _____

Circle one item on each line. A = Acceptable * = Issue noted on page 3 NA = Not applicable

LIVING ROOM / ENTRY	IN	OUT	MASTER BEDROOM	IN	OUT	BEDROOM 5	IN	OUT
1. WALLS / CEILINGS	A * NA	A * NA	25. WALLS / CEILINGS	A * NA	A * NA	54. WALLS / CEILINGS	A * NA	A * NA
2. FLOORING	A * NA	A * NA	26. FLOORING	A * NA	A * NA	55. FLOORING	A * NA	A * NA
3. DOORS / KNOBS / LOCKS	A * NA	A * NA	27. DOORS / KNOBS / LOCKS	A * NA	A * NA	56. DOORS / KNOBS / LOCKS	A * NA	A * NA
4. SLIDING DOOR	A * NA	A * NA	28. WINDOWS / SCREENS / COVERINGS	A * NA	A * NA	57. WINDOWS / SCREENS / COVERINGS	A * NA	A * NA
5. WINDOWS / SCREENS / COVERINGS	A * NA	A * NA	29. LIGHT FIXTURES / BULBS	A * NA	A * NA	58. LIGHT FIXTURES / BULBS	A * NA	A * NA
6. LIGHT FIXTURES / BULBS	A * NA	A * NA	30. ELECTRIC OUTLETS / SWITCHES	A * NA	A * NA	59. ELECTRIC OUTLETS / SWITCHES	A * NA	A * NA
7. ELECTRIC OUTLETS / SWITCHES	A * NA	A * NA	31. SINK / VANITY	A * NA	A * NA	60. OTHER	A * NA	A * NA
8. FIREPLACE	A * NA	A * NA	32. OTHER	A * NA	A * NA			
9. OTHER	A * NA	A * NA						
KITCHEN / DINING ROOM	IN	OUT	BEDROOM 2	IN	OUT	MASTER BATHROOM	IN	OUT
10. WALLS / CEILINGS	A * NA	A * NA	33. WALLS / CEILINGS	A * NA	A * NA	61. WALLS / CEILINGS	A * NA	A * NA
11. FLOORING	A * NA	A * NA	34. FLOORING	A * NA	A * NA	62. FLOORING	A * NA	A * NA
12. SLIDING DOOR	A * NA	A * NA	35. DOORS / KNOBS / LOCKS	A * NA	A * NA	63. DOORS / KNOBS / LOCKS	A * NA	A * NA
13. WINDOWS / SCREENS / COVERINGS	A * NA	A * NA	36. WINDOWS / SCREENS / COVERINGS	A * NA	A * NA	64. WINDOWS / SCREENS / COVERINGS	A * NA	A * NA
14. LIGHT FIXTURES / BULBS	A * NA	A * NA	37. LIGHT FIXTURES / BULBS	A * NA	A * NA	65. LIGHT FIXTURES / BULBS	A * NA	A * NA
15. ELECTRIC OUTLETS / SWITCHES	A * NA	A * NA	38. ELECTRIC OUTLETS / SWITCHES	A * NA	A * NA	66. ELECTRIC OUTLETS / SWITCHES	A * NA	A * NA
16. CABINETS	A * NA	A * NA	39. OTHER	A * NA	A * NA	67. COUNTERTOPS	A * NA	A * NA
17. COUNTERTOPS	A * NA	A * NA				68. SINK / FAUCET / VANITY / MIRROR	A * NA	A * NA
18. SINK / FAUCET / DISPOSAL	A * NA	A * NA	BEDROOM 3	IN	OUT	69. TOILET	A * NA	A * NA
19. RANGE / STOVE	A * NA	A * NA	40. WALLS / CEILINGS	A * NA	A * NA	70. SHOWER / TUB / SURROUND	A * NA	A * NA
MAKE _____			41. FLOORING	A * NA	A * NA	71. TOWEL BARS / SHOWER ROD	A * NA	A * NA
MODEL _____			42. DOORS / KNOBS / LOCKS	A * NA	A * NA	72. FAN	A * NA	A * NA
COLOR _____			43. WINDOWS / SCREENS / COVERINGS	A * NA	A * NA	73. OTHER	A * NA	A * NA
20. HOOD / FAN	A * NA	A * NA	44. LIGHT FIXTURES / BULBS	A * NA	A * NA			
21. REFRIGERATOR	A * NA	A * NA	45. ELECTRIC OUTLETS / SWITCHES	A * NA	A * NA	BATHROOM 2	IN	OUT
MAKE _____			46. OTHER	A * NA	A * NA	74. WALLS / CEILINGS	A * NA	A * NA
MODEL _____						75. FLOORING	A * NA	A * NA
COLOR _____			BEDROOM 4	IN	OUT	76. DOORS / KNOBS / LOCKS	A * NA	A * NA
22. DISHWASHER	A * NA	A * NA	47. WALLS / CEILINGS	A * NA	A * NA	77. WINDOWS / SCREENS / COVERINGS	A * NA	A * NA
MAKE _____			48. FLOORING	A * NA	A * NA	78. LIGHT FIXTURES / BULBS	A * NA	A * NA
MODEL _____			49. DOORS / KNOBS / LOCKS	A * NA	A * NA	79. ELECTRIC OUTLETS / SWITCHES	A * NA	A * NA
COLOR _____			50. WINDOWS / SCREENS / COVERINGS	A * NA	A * NA	80. COUNTERTOPS	A * NA	A * NA
23. MICROWAVE	A * NA	A * NA	51. LIGHT FIXTURES / BULBS	A * NA	A * NA	81. SINK / FAUCET / VANITY / MIRROR	A * NA	A * NA
MAKE _____			52. ELECTRIC OUTLETS / SWITCHES	A * NA	A * NA	82. TOILET	A * NA	A * NA
MODEL _____			53. OTHER	A * NA	A * NA	83. SHOWER / TUB / SURROUND	A * NA	A * NA
COLOR _____						84. TOWEL BARS / SHOWER ROD	A * NA	A * NA
24. OTHER	A * NA	A * NA				85. FAN	A * NA	A * NA
						86. OTHER	A * NA	A * NA

Form M207 OR Copyright © 2020 Multifamily NW® NOT TO BE REPRODUCED WITHOUT WRITTEN PERMISSION. Revised 2/17/2020.

MOVE-IN INSPECTION

INSTRUCTIONS TO RESIDENT: At the time of move-out you will be held liable for any unusual wear and tear and damage unless it has been listed in this section. Please carefully inspect the condition of the unit. You may supplement any information on this form for up to 5 days after move-in by contacting Owner/Agent.

List item numbers where the "" issue noted on page 1 is circled:

PHOTOS INCLUDED (Not applicable for all move-ins.) Inspection completed by: _____

I accept this unit in clean condition and good repair except as noted on page 1 and above.

X	_____	DATE	_____	X	_____	DATE	_____
	RESIDENT				RESIDENT		
X	_____	DATE	_____	X	_____	DATE	_____
	RESIDENT				RESIDENT		

Owner/Agent Notes: _____

X

 OWNER/AGENT DATE

MOVE-OUT INSPECTION

SUMMARY OF CONDITION AT MOVE-OUT. *List item numbers where the "*" issue noted on page 1 is circled:

PHOTOS INCLUDED (Not applicable for all move-outs.) Inspection completed by: _____

Owner/Agent does not waive its right to bill for additional damages not shown herein or costs which are finalized after the final accounting is sent.

I left the unit in the above condition. I agree that all personal property left at the Premises upon termination of the tenancy shall be considered abandoned and that Owner/Agent may sell or dispose of the personal property without complying with the provisions of O.R.S. 90.425.

X	_____	DATE	_____	X	_____	DATE	_____
	RESIDENT				RESIDENT		
X	_____	DATE	_____	X	_____	DATE	_____
	RESIDENT				RESIDENT		
				X	_____	DATE	_____
					OWNER/AGENT		