



Property Inspection Report

Property Address: 3403 Megans Way
Olney, Md. 20832

Tenant's Name: Johnny and Jennifer Fisher

Check one: Move In Move Out Other _____

This list is for information only, and Landlord/Agent shall not be obligated to make any repairs except as specified herein or as required by law.

Instructions: Specifically note any stains, damage, or missing items. **Rate each item as "OK" or "NOT OK." If NOT OK, please explain.**

Foyer	OK	NOT OK
Lights/Outlet	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling/Walls/Doors	<input type="checkbox"/>	<input type="checkbox"/>
Floor/Carpet	<input type="checkbox"/>	<input type="checkbox"/>
Windows/Screens	<input type="checkbox"/>	<input type="checkbox"/>
Window Treatments, if provided	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____	

Dining Room	OK	NOT OK
Lights/Outlets	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling/Walls/Doors	<input type="checkbox"/>	<input type="checkbox"/>
Floor/Carpet	<input type="checkbox"/>	<input type="checkbox"/>
Windows/Screens	<input type="checkbox"/>	<input type="checkbox"/>
Window Treatments, if provided	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____	

Living Room	OK	NOT OK
Lights/Outlets	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling/Walls/Doors	<input type="checkbox"/>	<input type="checkbox"/>
Floor/Carpet	<input type="checkbox"/>	<input type="checkbox"/>
Windows/Screens	<input type="checkbox"/>	<input type="checkbox"/>
Window Treatments, if provided	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____	

Kitchen	OK	NOT OK
Lights/Outlets	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling/Walls/Doors	<input type="checkbox"/>	<input type="checkbox"/>
Floor/Carpet	<input type="checkbox"/>	<input type="checkbox"/>
Windows/Screens	<input type="checkbox"/>	<input type="checkbox"/>
Window Treatments, if provided	<input type="checkbox"/>	<input type="checkbox"/>
Cabinets	<input type="checkbox"/>	<input type="checkbox"/>
Counter Tops	<input type="checkbox"/>	<input type="checkbox"/>
Sink	<input type="checkbox"/>	<input type="checkbox"/>
Disposal	<input type="checkbox"/>	<input type="checkbox"/>
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>
Oven/Range	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust Fan	<input type="checkbox"/>	<input type="checkbox"/>
Microwave	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator/ice maker	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____	

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<u>Den/Library</u>	OK	NOT OK
Lights/Outlets	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling/Walls/Doors	<input type="checkbox"/>	<input type="checkbox"/>
Floor/Carpet	<input type="checkbox"/>	<input type="checkbox"/>
Windows/Screens	<input type="checkbox"/>	<input type="checkbox"/>
Window Treatments, if provided	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	<hr/>	

<u>Bedroom #2</u>	OK	NOT OK
Ceiling/light fixtures/outlets	<input type="checkbox"/>	<input type="checkbox"/>
Floor/Carpet	<input type="checkbox"/>	<input type="checkbox"/>
Windows/Screens	<input type="checkbox"/>	<input type="checkbox"/>
Blinds/Shades/Drapes	<input type="checkbox"/>	<input type="checkbox"/>
Rods/Shutters	<input type="checkbox"/>	<input type="checkbox"/>
Closet/Mirror/Door	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	<hr/>	

<u>Bathroom #1</u>	OK	NOT OK
Location:		
Lights/Outlets	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling/Walls/Doors	<input type="checkbox"/>	<input type="checkbox"/>
Floor/Carpet	<input type="checkbox"/>	<input type="checkbox"/>
Windows/Screens	<input type="checkbox"/>	<input type="checkbox"/>
Window Treatments, if provided	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust Fan	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	<hr/>	

<u>Bedroom #3</u>	OK	NOT OK
Ceiling/light fixtures/outlets	<input type="checkbox"/>	<input type="checkbox"/>
Floor/Carpet	<input type="checkbox"/>	<input type="checkbox"/>
Windows/Screens	<input type="checkbox"/>	<input type="checkbox"/>
Blinds/Shades/Drapes	<input type="checkbox"/>	<input type="checkbox"/>
Rods/Shutters	<input type="checkbox"/>	<input type="checkbox"/>
Closet/Mirror/Door	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	<hr/>	

<u>Master Bedroom</u>	OK	NOT OK
Ceiling/light fixtures/outlets	<input type="checkbox"/>	<input type="checkbox"/>
Floor/Carpet	<input type="checkbox"/>	<input type="checkbox"/>
Windows/Screens	<input type="checkbox"/>	<input type="checkbox"/>
Blinds/Shades/Drapes	<input type="checkbox"/>	<input type="checkbox"/>
Rods/Shutters	<input type="checkbox"/>	<input type="checkbox"/>
Closet/Mirror/Door	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	<hr/>	

<u>Bedroom #4</u>	OK	NOT OK
Ceiling/light fixtures/outlets	<input type="checkbox"/>	<input type="checkbox"/>
Floor/Carpet	<input type="checkbox"/>	<input type="checkbox"/>
Windows/Screens	<input type="checkbox"/>	<input type="checkbox"/>
Blinds/Shades/Drapes	<input type="checkbox"/>	<input type="checkbox"/>
Rods/Shutters	<input type="checkbox"/>	<input type="checkbox"/>
Closet/Mirror/Door	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Comments :	<hr/>	

<u>Master Bathroom</u>	OK	NOT OK
Ceiling/light fixtures/outlets	<input type="checkbox"/>	<input type="checkbox"/>
Walls/Doors	<input type="checkbox"/>	<input type="checkbox"/>
Floor Carpet	<input type="checkbox"/>	<input type="checkbox"/>
Windows/Screens	<input type="checkbox"/>	<input type="checkbox"/>
Blinds/Shades/Drapes	<input type="checkbox"/>	<input type="checkbox"/>
Rods/Shutters	<input type="checkbox"/>	<input type="checkbox"/>
Soap dish/medicine cabinet	<input type="checkbox"/>	<input type="checkbox"/>
Tank/commode	<input type="checkbox"/>	<input type="checkbox"/>
Lavatory	<input type="checkbox"/>	<input type="checkbox"/>
Mirror	<input type="checkbox"/>	<input type="checkbox"/>
Tile	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust Fan	<input type="checkbox"/>	<input type="checkbox"/>
Tub/Shower	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Comment:	<hr/>	

<u>Bathroom #2</u>	OK	NOT OK
Ceiling/light fixtures/outlets	<input type="checkbox"/>	<input type="checkbox"/>
Walls/Doors	<input type="checkbox"/>	<input type="checkbox"/>
Floor Carpet	<input type="checkbox"/>	<input type="checkbox"/>
Windows/Screens	<input type="checkbox"/>	<input type="checkbox"/>
Blinds/Shades/Drapes	<input type="checkbox"/>	<input type="checkbox"/>
Rods/Shutters	<input type="checkbox"/>	<input type="checkbox"/>
Soap dish/medicine cabinet	<input type="checkbox"/>	<input type="checkbox"/>
Tank/commode	<input type="checkbox"/>	<input type="checkbox"/>
Lavatory	<input type="checkbox"/>	<input type="checkbox"/>
Mirror	<input type="checkbox"/>	<input type="checkbox"/>
Tile	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust Fan	<input type="checkbox"/>	<input type="checkbox"/>
Tub/Shower	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	<hr/>	

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Bathroom #3	OK	NOT OK
Ceiling/light fixtures/outlets	<input type="checkbox"/>	<input type="checkbox"/>
Walls/Doors	<input type="checkbox"/>	<input type="checkbox"/>
Floor Carpet	<input type="checkbox"/>	<input type="checkbox"/>
Windows/Screens	<input type="checkbox"/>	<input type="checkbox"/>
Blinds/Shades/Drapes	<input type="checkbox"/>	<input type="checkbox"/>
Rods/Shutters	<input type="checkbox"/>	<input type="checkbox"/>
Soap dish/medicine cabinet	<input type="checkbox"/>	<input type="checkbox"/>
Tank/commode	<input type="checkbox"/>	<input type="checkbox"/>
Lavatory	<input type="checkbox"/>	<input type="checkbox"/>
Mirror	<input type="checkbox"/>	<input type="checkbox"/>
Tile	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust Fan	<input type="checkbox"/>	<input type="checkbox"/>
Tub/Shower	<input type="checkbox"/>	<input type="checkbox"/>
Tub/Shower	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	<hr/>	

Utility Room	OK	NOT OK
Ceiling/light fixture/outlets	<input type="checkbox"/>	<input type="checkbox"/>
Walls/Doors	<input type="checkbox"/>	<input type="checkbox"/>
Floor/Carpet	<input type="checkbox"/>	<input type="checkbox"/>
Windows/Screens	<input type="checkbox"/>	<input type="checkbox"/>
Blinds/Shades/Drapes	<input type="checkbox"/>	<input type="checkbox"/>
Rods/Shutters	<input type="checkbox"/>	<input type="checkbox"/>
Washer	<input type="checkbox"/>	<input type="checkbox"/>
Dryer	<input type="checkbox"/>	<input type="checkbox"/>
Laundry Sink	<input type="checkbox"/>	<input type="checkbox"/>
HVAC	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	<hr/>	

Unfinished Basement	OK	NOT OK
Ceiling/Light fixtures/outlets	<input type="checkbox"/>	<input type="checkbox"/>
Walls/Doors	<input type="checkbox"/>	<input type="checkbox"/>
Floor/Carpet	<input type="checkbox"/>	<input type="checkbox"/>
Blinds/Shades/Drapes	<input type="checkbox"/>	<input type="checkbox"/>
Rods/Shutters	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	<hr/>	

Additional Room	OK	NOT OK
Lights/Outlets	<input type="checkbox"/>	<input type="checkbox"/>
Floor/Carpet	<input type="checkbox"/>	<input type="checkbox"/>
Windows/Screens	<input type="checkbox"/>	<input type="checkbox"/>
Window Treatments, if provided	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	<hr/>	

Completed by: _____

Date: _____

Additional Room	OK	NOT OK
Lights/Outlets	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling/Walls/Doors	<input type="checkbox"/>	<input type="checkbox"/>
Floor/Carpet	<input type="checkbox"/>	<input type="checkbox"/>
Windows/Screens	<input type="checkbox"/>	<input type="checkbox"/>
Window Treatments, if provided	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	<hr/>	

Carport/Garage/Driveway	OK	NOT OK
Remote Opener	<input type="checkbox"/>	<input type="checkbox"/>
Walls/Doors	<input type="checkbox"/>	<input type="checkbox"/>
Floor	<input type="checkbox"/>	<input type="checkbox"/>
Shelves	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	<hr/>	

Exterior/Yard	OK	NOT OK
Paint and Trim	<input type="checkbox"/>	<input type="checkbox"/>
Gutters/Downspouts	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>
Chimney	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	<hr/>	

Yard	OK	NOT OK
Landscaping/Lawn	<input type="checkbox"/>	<input type="checkbox"/>
Fence	<input type="checkbox"/>	<input type="checkbox"/>
Lights/Outlets	<input type="checkbox"/>	<input type="checkbox"/>
Play Equipment	<input type="checkbox"/>	<input type="checkbox"/>
Tool Shed	<input type="checkbox"/>	<input type="checkbox"/>
Deck/patio/porch	<input type="checkbox"/>	<input type="checkbox"/>
Detached Structure	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	<hr/>	

Miscellaneous	OK	NOT OK
Fireplace	<input type="checkbox"/>	<input type="checkbox"/>
Jet Tub	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	<hr/>	

Owner's Personal Property: _____

