

Damage Checklist

Building Name: _____ Apt # _____

Phone Number: _____ Move in Date: _____

This checklist is designed for damages and/or maintenance items only. PLEASE DO NOT COMMENT ON CLEANING CONCERNS. CONCERNS SHOULD BE DIRECTED TO THE OFFICE WITHIN 24 HOURS UPON THE FIRST PERSON'S ARRIVAL. PLEASE RETURN THIS FORM WITHIN ONE WEEK. The Apartment Store will review this checklist so maintenance items may be addressed. Unless otherwise specified, no prior notification will be given prior to work being performed. (Please remember The Apartment Store reserves the right to enter each unit. However, we will do our best to accommodate the wishes of our residents.)

FOYER	Good	Fair	Poor	Comments
Entry Door				
Flooring				
Light Covers				
Outlet Covers				
Switch Covers				
Closet				

Kitchen	Good	Fair	Poor	Comments
Cabinets				
Counters				
Refrigerator				
Range Top				
Oven				
Oven Drawer				
Floor				
Range Hood				
Light Shade				
Backsplash				
Sink				
Outlet Covers				
Switch Covers				

Living Room	Good	Fair	Poor	Comments
Carpet / Tile / Wood				
Blinds				
Window				
Furniture				
Closet				
Outlet Covers				
Switch Covers				
Screens				
Walls				
Chandelier				
Baseboards				

Bedroom A	Good	Fair	Poor	Comments
Carpet / Tile / Wood				
Blinds				
Window				
Furniture				
Closet				
Outlet Covers				
Switch Covers				
Screens				
Walls				
Door				
Baseboards				

Bedroom B	Good	Fair	Poor	Comments
Carpet / Tile / Wood				
Blinds				
Window				
Furniture				
Closet				
Outlet Covers				
Switch Covers				
Screens				
Walls				
Door				
Baseboards				

Bedroom C	Good	Fair	Poor	Comments
Carpet / Tile / Wood				
Blinds				
Window				
Furniture				
Closet				
Outlet Covers				
Switch Covers				
Screens				
Walls				
Door				
Baseboards				

Master Bath	Good	Fair	Poor	Comments
Tub Walls				
Bathtub				
Toilet				
Medicine Cabinet				
Sink				
Vanity				
Floor				
Light Shade				
Toilet Paper Holder				
Outlet Covers				
Switch Covers				
Towel Bars				
Door				
Baseboards				

Bathroom #2	Good	Fair	Poor	Comments
Tub Walls				
Bathtub				
Toilet				
Medicine Cabinet				
Sink				
Vanity				
Floor				
Light Shade				
Toilet Paper Holder				
Outlet Covers				
Switch Covers				
Towel Bars				
Door				
Baseboards				

General	Good	Fair	Poor	Comments
Smoke Detectors				
Fire Extinguisher				
Phone Jacks				
Cable Adapters				
Other (Specify)				

Please sign and date (making sure signature is legible).

Office Use Only

Checklist Received By: _____ Date: _____

Checklist Reviewed By: _____ Date: _____

Work Order Written: _____