TENANT CHECK-IN FORM

Move in Date: __



Location = Service = Quality = Trust = Since 1997
1247 La Crosse Street
La Crosse,WI 54601
Kevin (608) 386-7392
(000) -00 -000

PROPERTY ADDRESS:	Apt:	Lisa (608) 790-73
Tenant(s) can request a list of damages from prior tenant (by checking box be	elow), complete this form by noting any	(un-itemized) damages or defects in
he rental unit in second column, make a copy for your own records, and retur	rn completed copy to the Landlord/man	ager within 7 days of the receipt of
rays Mis Ctot 704.00 Places contact the landlard with any guestions or me	sintananaa raguaata/naada at (COO) 20C	7202 Thonk you

_____ Deposit Amount:

keys. Wis. Stat. 704.08. Please contact the landlord with any questions or maintenance requests/needs at (608) 386-7392. Thank you.

I/we request a list of physical damages or defects that were charged to the previous tenant's security deposit. This list shall be provided within 30 days of landlords receipt of this request, or within seven days after the previous tenant has been notified of the charges of their deposit, whichever occurs later.

ATCP 134.06

TENANT CHECK-IN FORM

ATCP 134.06			TENANT CHECK
Kitchen	Provided?	Condition	
Range/Stove			
Hood Fan			
Microwave			
Oven			
Dishwasher			
Sink/Faucets			
Disposal			
Refrigerator Exterior			
Refigerator Interior			
Countertops			
Pantry			
Walls/Ceiling			
Woodwork/Trim			
Door(s)			
Window(s)			
Window Coverings			
Light Fixture(s)			
Outlets/Switches			
Cabinets/Built-ins			
Closet(s)			
Other	-		·
Other			

Living/Dining Room	Provided?	Condition
Walls/Ceiling		
Woodwork/Trim		
Door(s)		
Window(s)		
Window Coverings		
Light Fixture(s)		
Outlets/Switches		
Flooring/Carpet		
Cabinets/Built-ins		
Closet(s)		
Other		
Other		

Bathroom 1	Provided?	Condition
Walls/Ceiling		
Woodwork/Trim		
Exhaust Fan		
Window(s)/Door(s)		
Window Coverings		
Light Fixture(s)		
Outlets/Switches		
Flooring/Carpet		
Cabinets/Built-ins		
Closet(s)		
Countertops/Tile		
Toilet/Caulk		
Tub/Shower		
Sinks/Faucets		
Towel Racks		

Bathroom 2	Provided?	Condition
Walls/Ceiling		
Woodwork/Trim		
Exhaust Fan		
Window(s)/Door(s)		
Window Coverings		
Light Fixture(s)		
Outlets/Switches		
Flooring/Carpet		
Cabinets/Built-ins		
Closet(s)		
Countertops/Tile		
Toilet/Caulk		
Tub/Shower		
Sinks/Faucets		
Towel Racks		

Miscellaneous	Provided?	Condition
Hall		
Entry		
Stairs		
Other		
Other		

IFORM				
Bedroom 1	Provided?	Condition		
Walls/Ceiling				
Woodwork/Trim				
Door(s)				
Window(s)				
Window Coverings				
Light Fixture(s)				
Outlets/Switches				
Flooring/Carpet				
Cabinets/Built-ins				
Closet(s)				
Other				

Bedroom 2	Provided?	Condition
Walls/Ceiling		
Woodwork/Trim		
Door(s)		
Window(s)		
Window Coverings		
Light Fixture(s)		
Outlets/Switches		
Flooring/Carpet		
Cabinets/Built-ins		
Closet(s)		
Other		

Bedroom 3	Provided?	Condition
Walls/Ceiling		
Woodwork/Trim		
Door(s)		
Window(s)		
Window Coverings		
Light Fixture(s)		
Outlets/Switches		
Flooring/Carpet		
Cabinets/Built-ins		
Closet(s)		
Other		

Bedroom 4	Provided?	Condition
Walls/Ceiling		
Woodwork/Trim		
Door(s)		
Window(s)		
Window Coverings		
Light Fixture(s)		
Outlets/Switches		
Flooring/Carpet		
Cabinets/Built-ins		
Closet(s)		
Other		

Bedroom 5	Provided?	Condition
Walls/Ceiling		
Woodwork/Trim		
Door(s)		
Window(s)		
Window Coverings		
Light Fixture(s)		
Outlets/Switches		
Flooring/Carpet		
Cabinets/Built-ins		
Closet(s)		
Other		

Other Room	Provided?	Condition
Walls/Ceiling		
Woodwork/Trim		
Door(s)		
Window(s)		
Window Coverings		
Light Fixture(s)		
Outlets/Switches		
Flooring/Carpet		
Cabinets/Built-ins		
Closet(s)		
Other		
Other		

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Tenant Print	Tenant Sign	Date
Landlord/Manager Print	Landlord/Manager Sign	Date