

GENERAL WALK-THRU FORM

ADDRESS: _____

DATE: _____

(Circle Condition)

G = Great

F = Fair

P = Poor

Entrance

Floor:	G F P	Notes:
Door/Screen:	G F P	Notes:
Lock/Handle:	G F P	Notes:
Walls:	G F P	Notes:

Hall/Closets

Floor/Carpet:	G F P	Notes:
Door:	G F P	Notes:
Walls:	G F P	Notes:
W/D:	G F P	Notes:
Electrical Fixtures:	G F P	Notes:

Kitchen

Refrigerator:	G F P	Notes:
Range & Hood:	G F P	Notes:
Counter/Cabinets:	G F P	Notes:
Walls:	G F P	Notes:
Windows/Screens:	G F P	Notes:
Floor:	G F P	Notes:
Sink:	G F P	Notes:
Electrical Fixtures:	G F P	Notes:
Other:	G F P	Notes:

Living Room

Floor/Carpet:	G F P	Notes:
Window/Screens:	G F P	Notes:
Walls:	G F P	Notes:
Electrical Fixtures:	G F P	Notes:
Other:	G F P	Notes:

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Real Estate Redefined through Exceptional **Value**



Master Bedroom

Floor/Carpet:	G F P	Notes:
Walls:	G F P	Notes:
Windows/Screens:	G F P	Notes:
Closets:	G F P	Notes:
Electrical Fixtures:	G F P	Notes:
Other:	G F P	Notes:

Master Bath

Floor:	G F P	Notes:
Walls:	G F P	Notes:
Bathtub/Shower:	G F P	Notes:
Toilet:	G F P	Notes:
Sink/Fixtures:	G F P	Notes:
Towel Rack(s):	G F P	Notes:
Electrical Fixtures:	G F P	Notes:

Bedroom #2

Floor/Carpet:	G F P	Notes:
Walls:	G F P	Notes:
Windows/Screens:	G F P	Notes:
Closets:	G F P	Notes:
Electrical Fixtures:	G F P	Notes:
Other:	G F P	Notes:

ADDITIONAL NOTES:

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KEYS (# of Keys)

Front Gate:	Received _____	Returned _____
Building:	Received _____	Returned _____
Unit:	Received _____	Returned _____
Mail:	Received _____	Returned _____
Storage Transponder:	Received _____	Returned _____
Other:		

Resident: _____
Signature
Date

