Townhouse Personal Check-Out Sheet and Request for Deposit Return

Tenant Name:		Semes	ster:	
Townhouse #:	Bedroom #:	Bed:	A / B / 0	C / D
	Glove Job Assigned (Please of Kitchen (#2) Living Room of Following checklist: Ind place on bed (you will be ms, and garbage. Your room window sill. Wash window shelves. Out all storage under bed. If wipe down bed frame arousters and wipe down walls (page 1) window walls (page 2) window walls (page 2) window walls (page 3) window walls (page 4) wind	vou can find ircle one of the follow m & Porch Bathroom charged for a missing must be empty when and window tracks.	the Bed Letter in the right- ving): om & Vanity mattress co checking ou	ver).
 □ Wipe down door and door fr □ Wipe down door knobs. □ Vacuum chair upholstery (if a vacuum carpet, paying speci □ Vacuum closet floor. □ Wash light covers, switches, □ Replace light bulbs and smol 	ames (front, back, top, and bapplicable) and wipe down call attention to corners, along and outlets, as well as heating	nair legs. g the walls, and under ng vent.		replaced/missing)
Please read carefully: This form and management in order to receive a reenough for new tenants to move intraccording to these standards will be will result in the forfeiture of any or sheet. If you do not list an address, y	fund of your security deposi o, without needing any furt deducted from your security all refunds. Be aware that yo	t. Your apartment and her cleaning. Cleaning deposit. Failure to fo ur refund will be sent	d bedroom so g that is not a llow correct to the addre	thould be left clear accomplished check out procedu ess listed on this
, according to management standards check out with a manager, if I so cho	•			
Student Signature:			Date:	
Address for deposit return:				
Management Use ONLY:				
White Clave John Bass				
Wille Glove Job Pass	Fail	Key Returned:	Yes	No
		Key Returned:	Yes	No
White Glove Job: Pass Bedroom: Pass Management Signature:	Fail			No