SUBURBIA
A Property Management Co.

MOVE IN AND MOVE OUT COMMERCIAL INSPECTION FORM

Property Address	City:
Suburbia Property Manager **Manager Name and Phone Number**	State:
Tenant Name and Phone Number	Begin Rental Date: Ending Rental Date:
Tenant Address	Rental Amount: Pmt. Due Date: Lease Term(Years):
	Monthly ☐ Yearly ☐ Other ☐ Payment Cycle:

Move-in Inspection *Occupant accepts Property "as-is" with the exceptions listed below. This inspection form is made a part of and is subject to the terms and conditions of the Commercial/Retail Lease on the above referenced property.*	***Move-out Inspection*** *This inspection is to determine any damage to the premises.*
Exterior (roof, walls, lights, landscaping, stairs, handicap access, signage, windows, etc.): _____	***Exterior (roof, walls, lights, landscaping, stairs, handicap access, signage, windows, etc.):*** _____
Lobby/Waiting Room(s): _____	***Lobby/Waiting Room(s):*** _____
Hallways: _____	***Hallways:*** _____
Interior Offices (or other uses) _____	***Interior Offices (or other uses)*** _____
Building Equipment (electrical, mechanical, HVAC, etc) _____	***Building Equipment (electrical, mechanical, HVAC, etc)*** _____
Break Room: _____	***Break Room:*** _____

_____ _____	_____ _____
Exterior Walks, parking, curbs, awnings: _____ _____	***Exterior Walks, parking, curbs, awnings:*** _____ _____
Safety & Access (elevators, stairs, fire escapes): _____ _____ _____	***Safety & Access (elevators, stairs, fire escapes):*** _____ _____ _____
Restrooms:_____ _____ _____ _____	***Restrooms:***_____ _____ _____ _____
Storage/File Rooms:_____ _____ _____ _____	***Storage/File Rooms:***_____ _____ _____ _____
Other: _____ _____ _____ _____	***Other:*** _____ _____ _____ _____
Comments:_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	***Comments:***_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

Number of Keys assigned: _____ ***Number of Fobs assigned:*** _____ ***The "move-in Inspection" portion of this form is to be completed at the time of initial possession of Property.*** ***Receipt of a copy of this inspection is hereby acknowledged.*** _____ ***Suburbia*** ***Date*** _____ ***Tenant*** ***Date***	***Number of Keys Turned In:*** _____ ***Number of Fobs Turned In:*** _____ ***The "move-out Inspection" portion of this form is to be completed at the time of Occupant move-out of the Property.*** ***Receipt of a copy of this inspection form is hereby acknowledged.*** _____ ***Suburbia*** ***Date*** _____ ***Tenant*** ***Date***

MANAGEMENT USE ONLY:

Comments:_____