

**Complete Rental Management, LLC**

1188 Bishop St Suite 2307  
Honolulu HI 96813  
808-599-1855

Please mail back to us within 5 days after Move-In date.

**MOVE-IN / MOVE-OUT INSPECTION**

RESIDENT NAME: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

ROOM OR AREA	MOVE-IN INSPECTION	MOVE-OUT INSPECTION	COST TO CORRECT
	Resident accepts responsibility for the condition of the above described rental property "As Is" with the exceptions listed below. Existing damages are noted for the permanent record.	The following inspection reveals any damage beyond normal wear and tear to determine the extent and charges for the damage.	
Bathroom			
Living Room /Kitchen			
Bedroom			
Bedroom			
Smoke Detector			
General Condition & Comments			
Keys			

**Total Charge** \$ \_\_\_\_\_

Move-out inspection results hereby accepted.

I hereby acknowledge that the above is an accurate statement of the Condition of the property at the time of my taking occupancy. I further understand that I shall be required to deliver the property in this same condition at the termination of my tenancy or to pay for any costs to restore the property to its original condition at the time I took possession of the property, normal wear and tear excepted.

Resident: \_\_\_\_\_ Date \_\_\_\_\_

Resident: \_\_\_\_\_ Date \_\_\_\_\_

Management: \_\_\_\_\_ Date \_\_\_\_\_

Management: \_\_\_\_\_ Date \_\_\_\_\_