

Hughes Real Estate, Inc.

www.hughesre.com

P.O. Box 3956 *** Champaign, IL. 61826-3956

Phone : (217) 359-0203 ** Fax: (217) 359-9114

NAME: _____
ADDRESS: _____
Move-In Date: _____ Move-Out Date: _____
Inspection / Inventory Date: _____

INVENTORY AND INSPECTION RECORD

ROOM/AREA	PAINT	ELECTRIC	WIND/SCREENS	DOORS	DRAPES	LIGHTS	CARPETS	PLUMBING	CABINETS	FIXTURES
Living Rm.										
#1 Bath										
#2 Bath										
Kitchen										
Dining Rm.										
#1 Bed Rm.										
#2 Bed Rm.										
#3 Bed Rm.										
#4 Bed Rm.										
Family Rm.										
Porch										
Utiltiy Rm.										
Den										
Other										

Please indicate here any items needing repair and natur of the repair on the reverse side.

AREA	LAWN	FENCES	SHRUBBERY	ROOF	WALLS	PAVING	MISC.	Lights	Notes
Front									
Right Side									
Rear									
Left Side									
Garage									

Please be as specific as possible when indicated needed maintenance on the above areas.

EQUIPMENT	Brand Name	SERIAL #	COLOR	DESCRIPTION	MODEL	REJECT / ACCEPT	NONE
Air Cond.							
Heater							
Refrigerator							
Range							
Washer							
Dryer							
DW / Disposal							

* Resident accepts above appliances in "as is" condition and hereby absolves OWNER from any responsibility for maintaining the above items in good operating order.

* Resident hereby accepts full responsibilty for proper operation, maintenance, and physical control per this inventory and will be held responsible for everuy items accepted to assure it is operted safely and safeguard from loss or

* It is requested that the above appliances marked "rejected" be removed by the agent as soon as possible so the resident can make private arrangements for needed appliances.

(AGENT)

(RESIDENT)

(DATE)