



Alaska Commercial Properties, Inc.

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PROPERTY INSPECTION REPORT

TENANT NAME: _____

PROPERTY ADDRESS: _____

DATE PROPERTY OCCUPIED: _____

DATE PPROPERTY VACATED: _____

PROPERTY INSPECTED BY: _____

PROPERTY CONDITIONS

PREMISES ARE EMPTY OF ALL PERSONAL BELONGINGS INCLUDING ALL TRASH AT TIME OF INSPECTION. _____

LIVING ROOM: GOOD CONDITION NOT OKAY

- Walls & Outlets _____
- Lighting _____
- Floors & Carpet _____
- Doors & Closets _____
- Windows & Coverings _____

KITCHEN: GOOD CONDITION NOT OKAY

- Walls & Outlets _____
- Lighting _____
- Floors & Carpet _____
- Doors & Closets _____
- Windows & Coverings _____

BEDROOMS- GOOD CONDITION NOT OKAY

- Walls & Outlets _____
- Lighting _____
- Floors & Carpet _____
- Doors & Closets _____
- Windows & Coverings _____

BEDROOMS GOOD CONDITION NOT OKAY

Walls & Outlets _____
Lighting _____
Floors & Carpet _____
Doors & Closets _____
Windows & Coverings _____

BATHROOMS GOOD CONDITION NOT OKAY

Walls & Outlets _____
Lighting _____
Floors & Carpet _____
Doors & Closets _____
Windows & Coverings _____

MISCELLANEOUS:

Smoke Alarms _____
Fire Extinguishers _____
Screens _____
Heating/Air conditioner _____

OTHER NOTES & COMMENTS: _____

NUMBER OF KEYS ISSUED/RETURNED: _____

1 REMOTE CONTROL ISSUED/RETURNED: _____

NOTICE: The tenant shall be responsible for the condition of this residents and any damage beyond the normal wear and tear will be paid for by the tenant.

SIGNATURE OF TENANT AT TIME OF INSPECTION

DATE: _____

SIGNATURE OF TENANT AT TIME OF INSPECTION

DATE: _____