

MOVE IN CHECKLIST

This form should be filled out within a week of your move in date and turned into PMI Georgia for our records. The checklist can be used as a reference when you decide to vacate the property. This list is not to be confused with a repair request. Listing items on this form does not constitute repair or replacement.

Date Submitted:	Move In Date:
Tenant Name:	
Address:	
Foyer/Entry	
Living Room/Family Room	

Dining Room			
Kitchen/Appliances			
arcine, Appliances			
	·····	 	
Stairways			

Hallways			
	·		
Office/Den/Loft Area			
Laundry Room/Storag	e Area		
Bedroom #1			

	 	
Bedroom #2		
Beardon #2		
	 	
Bedroom #3		
	 	
Bedroom #4		
Bathroom #1		

athroom #2		
athroom #3		
arage		

Exterior Home/Yard		
Plumbing/Mechanicals		
Miscelleanous		