

Move In Inspection Report & Tenant Contact Information

Name: _____ Day Time Phone: _____

Address: _____ Move In Date: _____

Please complete this form and return ***within 5 days of your move-in date.***

Baldwin Brothers, Inc.,
2540 Village Common Drive
Erie, PA 16506

Email: maintenance@baldwinbros.com

Completing this form will document any existing damages.

Move In Inspection

Please check the **"Work Requested"** box next to the appropriate items for any maintenance issues in need of immediate attention. A representative from our property maintenance staff will contact you to discuss and/or schedule repairs.

Work Requested	EXTERIOR:
<input type="checkbox"/>	Lawn, Landscaping
<input type="checkbox"/>	Garage, Parking Area
<input type="checkbox"/>	Doors, Windows, Screens
<input type="checkbox"/>	Downspouts, Gutters, Siding
<input type="checkbox"/>	Steps, Handrails
Work Requested	INTERIOR:
<input type="checkbox"/>	Ceilings, Walls
<input type="checkbox"/>	Paint
<input type="checkbox"/>	Carpet, Flooring
<input type="checkbox"/>	Doors, Hardware
<input type="checkbox"/>	Woodwork
<input type="checkbox"/>	Stairs, Handrails
<input type="checkbox"/>	Electric Fixtures, Outlets, Switches
<input type="checkbox"/>	Kitchen Cabinets, Counters
<input type="checkbox"/>	Kitchen Appliances
<input type="checkbox"/>	Kitchen Sink, Faucet, Disposal
<input type="checkbox"/>	Bathroom Vanity Cabinet & Top, Mirror, Medicine Cabinet
<input type="checkbox"/>	Bathroom Fixtures

Work Requested	EQUIPMENT & OTHER
<input type="checkbox"/>	HVAC, Filter, Thermostat
<input type="checkbox"/>	Hot Water Tank
<input type="checkbox"/>	Laundry Area
<input type="checkbox"/>	Electric Panel
<input type="checkbox"/>	Smoke Alarms & Carbon Monoxide Detectors
<input type="checkbox"/>	Closet Shelving
<input type="checkbox"/>	Window Blinds
<input type="checkbox"/>	Insects, Vermin
<input type="checkbox"/>	Other
<input type="checkbox"/>	Other
<input type="checkbox"/>	Other
<input type="checkbox"/>	Other

Tenant Contact Information

It is important that the office has your current contact information in case of emergency.

Tenant

Spouse/Roommate

Name: _____

Name: _____

Cell Number: _____

Cell Number: _____

Email Address: _____

Email Address: _____

Vehicle Identification

Vehicles not properly registered with Landlord are subject to TOWING at vehicle owner's expense.

Vehicle: _____
Make/Color/Year

Vehicle: _____
Make/Color/Year

License Plate: _____
State/Number

License Plate: _____
State/Number

Please notify the office if any of the information above changes.