|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Rental address** | | | | Date of moving in    .  .20 | Checked when moving in  Checked when moving out |
| Name | E-mail | | | Telephone number |
| **FACILITIES TO BE CHECKED** | | | | | |
| **Vestibule** | | **OK** | **Remarks** | | |
| Floors | |  |  | | |
| Walls | |  |  | | |
| Stand | |  |  | | |
| Doors and windows | |  |  | | |
| Door bell | |  |  | | |
| Other | | | | | |
| **Kitchen** | | **OK** | **Remarks** | | |
| Floors | |  |  | | |
| Walls | |  |  | | |
| Cabinets and drawers | |  |  | | |
| Cooker | |  |  | | |
| Cooker hood/extractor | |  |  | | |
| Refridgerator/freezer | |  |  | | |
| Waste bins | |  |  | | |
| Faucet | |  |  | | |
| Hook cover of ceiling lamp | |  |  | | |
| Doors and windows | |  |  | | |
| Other | | | | | |
| **Bathroom/sauna** | | **OK** | **Remarks** | | |
| Floors | |  |  | | |
| Walls | |  |  | | |
| Cabinets and drawers | |  |  | | |
| Hand basin and hand shower | |  |  | | |
| Faucet | |  |  | | |
| Toilet seat | |  |  | | |
| Lamps | |  |  | | |
| Shower tubes | |  |  | | |
| Seamings | |  |  | | |
| Connection sleeve of washing machine | |  |  | | |
| Doors and windows | |  |  | | |
| Floor drains | |  |  | | |
| Sauna | |  |  | | |
| Other | | | | | |

**TURN ->**

|  |  |  |
| --- | --- | --- |
| **Living room, balcony** | **OK** | **Remarks** |
| Floors |  |  |
| Walls |  |  |
| Doors and windows |  |  |
| Balcony railings |  |  |
| Other | | |
| **Sleeping room 1** | **OK** | **Remarks** |
| Floors |  |  |
| Walls |  |  |
| Cabinets and drawers |  |  |
| Doors and windows |  |  |
| Other | | |
| **Sleeping room 2** | **OK** | **Remarks** |
| Floors |  |  |
| Walls |  |  |
| Cabinets and drawers |  |  |
| Doors and windows |  |  |
| Other | | |
| **Sleeping room 3** | **OK** | **Remarks** |
| Floors |  |  |
| Walls |  |  |
| Cabinets and drawers |  |  |
| Doors and windows |  |  |
| Other | | |
| **Storage** | **OK** | **Remarks** |
|  |  |  |
| **Radiators** | **Works** | **Does not work, where?** |
|  |  |  |
| **Ceiling outlets** | **Is** | **Missing, where?** |
|  |  |  |
| **Instructions** | **Is** | **Missing, which?** |
|  |  |  |
| **Smoke detector** | **Works** | **Does not work (change battery)** |
|  |  |  |
| Other | | |

**Destination documented with pictures** Yes  No

|  |  |
| --- | --- |
| **NOTICES** | |
| **New residents must complete and return the form within 14 days after moving to the apartment. Please return directly to the office, through the mail or by e-mail attachment.** | Deadline to return the form   .  .20 |

**Date and signature**

|  |  |
| --- | --- |
| Place and date          .  .20 | Signature and name with block letters |