|  |  |  |
| --- | --- | --- |
| **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 |