

**MOVING IN INSPECTION**

\_\_\_\_/\_\_\_\_/2021

Address of the apartment \_\_\_\_\_

Landlord \_\_\_\_\_

Tenant \_\_\_\_\_

Room count \_\_\_\_r + k                      Square count \_\_\_\_m<sup>2</sup>

Rooms	Noticable
<b>Kitchen / kitchenette</b> OK <input type="checkbox"/> walls, floor <input type="checkbox"/> ceiling <input type="checkbox"/> sideboards <input type="checkbox"/> drainboard, cooker <input type="checkbox"/> fridge, freezer	..... .....
<b>Living room</b> OK <input type="checkbox"/> walls <input type="checkbox"/> floor <input type="checkbox"/> ceiling <input type="checkbox"/> windows	..... .....
<b>Bedroom</b> OK <input type="checkbox"/> walls <input type="checkbox"/> floor <input type="checkbox"/> ceiling <input type="checkbox"/> windows <input type="checkbox"/> closet/wardrobe	..... .....
<b>Entryway</b> OK <input type="checkbox"/> walls <input type="checkbox"/> floor <input type="checkbox"/> ceiling <input type="checkbox"/> door/doors	..... .....
<b>WC/bathroom/sauna</b> OK <input type="checkbox"/> walls <input type="checkbox"/> floor <input type="checkbox"/> ceiling <input type="checkbox"/> sink, wc <input type="checkbox"/> mirror/mirror closet	..... .....

**Other rooms/anything else**(you can continue to the other side of the paper): \_\_\_\_\_

Signature and print name: \_\_\_\_\_

**Return the form without delay, inside 3 days from moving in, to the office of OVV!**