

Annual Rental Property Inspection Report

Property Address:

Inspection Date:

Landlord/Agent Name:

Tenant Name(s):

Inspection Checklist

Area/Room	Condition	Notes/Observations
Living Room	<input type="text"/>	<input type="text"/>
Kitchen	<input type="text"/>	<input type="text"/>
Bathroom(s)	<input type="text"/>	<input type="text"/>
Bedroom(s)	<input type="text"/>	<input type="text"/>
Exterior	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>

Smoke/CO Alarms

Are all alarms functioning properly?

Additional Comments:

Maintenance/Repairs Needed

General Comments

Inspector's Signature:

Date:

Tenant's Signature:

Date: