

Roberts and Sons
7920 Grasmere Dr.
Boulder, Colorado 80301
(303) 581-9937
Fax (303) 530-5237
robertsandsons@robertsandsons.com

Check in Sheet

PROPERTY ADDRESS : _____

MUST BE RETURNED WITHING 2 WEEKS of possession of the home in order to be validated

This check in sheet is used **ONLY** to protect the resident from the liability of existing damage and normal wear and tear items. Permanent marks, stains, scratches, or wear that are not affected by cleaning should be noted on this sheet. The resident should also note damaged or non functioning items.

This check in sheet will **NOT** serve as an action request to repair any items listed or to perform any general house cleaning issues. It is the residents responsibility to contact Roberts and Sons immediately, directly, and apart from this check in sheet, **within the first 48 hours** of possession of the home to notify us of **all housekeeping and cleanliness concerns as well as any repair issues that need attention**. Roberts and Sons must be allowed to correct these issues by giving us opportunity to have the problem areas cleaned. **Failure to do so will hold the resident responsible for any and all housekeeping and cleaning issues, even if they are noted on this sheet.** The rooms and surfaces expected to be clean are detailed in the Check out Procedures, and a copy of this was provided with your lease for the express purpose of your reference during move in. Residents will not be reimbursed for any cleaning effort unless agreed to in writing within the first 48 hours of move in.

Codes	E = Excellent	VG=Very Good	G = Good	F = Fair	P = Poor
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OUTSIDE AREAS	CHECK IN	CHECK OUT
Front Porch		
Front Yard		
Side Yards		
Back Yard		
Decks (If Applicable)		
Driveway		

ENTRY	CHECK IN	CHECK OUT
Floors/Walls/Ceiling		

Light/Fans		
Doors/Closets		
Windows/Screens/Etc.		

LIVING ROOM	CHECK IN	CHECK OUT
Floors		
Walls/Ceiling		
Lights/Fans		
Doors		
Windows/Screens		
Window Coverings		
Fireplace (If Applicable)		

FAMILY ROOM	CHECK IN	CHECK OUT
Floors		
Walls/Ceiling		
Lights/Fans		
Doors		
Windows/Screens		
Window Coverings		
Fireplace (If Applicable)		

DINING ROOM/AREA	CHECK IN	CHECK OUT
Floors		
Walls/Ceiling		
Lights/Fans		
Doors		
Windows/Screens		
Window Coverings		

HALLWAY	CHECK IN	CHECK OUT
Floors		

Walls/Ceiling		
Lights		

KITCHEN	CHECK IN	CHECK OUT
Floors		
Walls/Ceiling		
Lights/Fans		
Doors		
Windows/Screens/Drapes		
Window Coverings		
Sink/Faucets		
Dishwasher		
Garbage Disposal		
Stove/Oven/Microwave		
Refrigerator		
Countertops		
Cabinets		

MASTER BEDROOM	CHECK IN	CHECK OUT
Floors		
Walls/Ceiling		
Lights/Fans		
Doors		
Windows/Screens		
Window Coverings		
Closets		
Fireplace (If Applicable)		

BEDROOM 1	CHECK IN	CHECK OUT
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Floors		
Walls/Ceiling		
Lights/Fans		
Doors		
Windows/Screens		
Window Coverings		
Closets		

BEDROOM 2	CHECK IN	CHECK OUT
Floors		
Walls/Ceiling		
Lights/Fans		
Doors		
Windows/Screens		
Window Coverings		
Closets		

BEDROOM 3 and 4	CHECK IN	CHECK OUT
Floors		
Walls/Ceiling		
Lights/Fans		
Doors		
Windows/Screens		
Window Coverings		
Closets		

MASTER BATHROOM	CHECK IN	CHECK OUT
Floors		
Walls/Ceiling		
Lights/Fans		
Doors		
Windows/Screens/Curtains		
Sinks/Faucets		

Tub/Shower		
Toilet		
Countertops/Cabinets		

BATHROOM 2	CHECK IN	CHECK OUT
Floors		
Walls/Ceiling		
Lights/Fans		
Doors		
Windows/Screens/Curtains		
Sinks/Faucets		
Tub/Shower		
Toilet		
Countertops/Cabinets		

BATHROOM 3	CHECK IN	CHECK OUT
Floors		
Walls/Ceiling		
Lights/Fans		
Doors		
Windows/Screens/Curtains		
Sinks/Faucets		
Tub/Shower		
Toilet		
Countertops/Cabinets		

GARAGE	CHECK IN	CHECK OUT
Walls		
Floor		
Laundry Area		
Door to House		
Garage Door		

MISC.	CHECK IN	CHECK OUT
Washer		
Dryer		

Tenant _____

Date: _____

Tenant _____

Agent _____

Tenant _____

ON THE BACK PLEASE NOTE ANY SPECIFIC PROBLEMS OR REPAIRS THAT YOU DON'T HAVE ROOM TO IDENTIFY IN THE SPACE PROVIDED ABOVE. PLEASE WRITE CLEARLY AND SPECIFY ROOMS AND LOCATIONS SO THAT WE CAN UNDERSTAND WHAT AND WHERE YOU MEAN.