

JACKSONS LANDING Move In/ Out Inspection Report

Date:					
Resident Name:					
Building:					
partment:					
Start time:			Finish Time:		
				been completed that all ar and damages reported.	ea have
Pre-Move Inspection					
Resident:			Security Officer:		
Oate:			Date:		
Post Move Inspection					
Resident:			Security Officer:		
Pate:			Date:		
Condition Report					
Location	Pre	Post	Comr	nents (* required)	
Loading Dock Area					
Freight Lift					
Car Park					
Lift Basidantial Labor.					
Residential Lobby Other Areas & Passages					
Lift Mats Up (Pre) Taken Dow	n		*		
(Post) Lift Key issued (Pre) Returne	d				
(Post) Doors Opened (Pre) & Secu			*		
(Post) Mats and Floor Mats Packed Away	i		*		
Any Barriers Raised then Lowered			*		
Confirmed by Controller					
Breakages / Damage					
Lift Mats Removed &	Stored / Lift	Return	ed To Normal	Operation	
By:				•	