

Check-In Form

Date _____

Agent's Delivery of Check-In Form

Address of Rental Unit _____

Owner/Agent Providing Form _____

Tenant(s) Moving In

Tenants should complete this form by noting any damage or defects in the rental unit. Make a copy for your records and return completed copy to the landlord/manager by (tenant must be not less than 7 days after moving in). [Wis. Stat. 704.08](#), [ATCP 134.06\(1\)\(a\)1](#).

Tenant Name(s) _____

Deposit Amount \$ _____

I/We request a list of physical damages or defects that were charged to the previous tenant's security deposit. This list shall be provided within 30 days of the landlord's receipt of this request, or within seven days after the previous tenant has been notified of the charges to their deposit, whichever occurs later.

Tenant Signature(s) _____

Date _____

Hall, Closet(s)	
Describe	Condition

Entry, Stairs	
Describe	Condition

Living Room	Provided	Conditions
Walls/Ceiling	<input type="checkbox"/>	
Woodwork/Trim	<input type="checkbox"/>	
Door(s)	<input type="checkbox"/>	
Window(s)	<input type="checkbox"/>	
Window Coverings	<input type="checkbox"/>	
Light Fixture(s)	<input type="checkbox"/>	
Outlets/Switches	<input type="checkbox"/>	
Flooring/Carpet	<input type="checkbox"/>	
Cabinets/Built-ins	<input type="checkbox"/>	
Closet(s)	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

Dining Room	Provided	Conditions
Walls/Ceiling	<input type="checkbox"/>	
Woodwork/Trim	<input type="checkbox"/>	
Door(s)	<input type="checkbox"/>	
Window(s)	<input type="checkbox"/>	
Window Coverings	<input type="checkbox"/>	
Light Fixture(s)	<input type="checkbox"/>	
Outlets/Switches	<input type="checkbox"/>	
Flooring/Carpet	<input type="checkbox"/>	
Cabinets/Built-ins	<input type="checkbox"/>	
Closet(s)	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

Kitchen	Provided	Conditions
Range/Stove	<input type="checkbox"/>	
Hood Fan	<input type="checkbox"/>	
Microwave	<input type="checkbox"/>	
Oven	<input type="checkbox"/>	
Dishwasher	<input type="checkbox"/>	
Sink/Faucets	<input type="checkbox"/>	
Disposal	<input type="checkbox"/>	
Refrigerator (Exterior)	<input type="checkbox"/>	
Refrigerator (Interior)	<input type="checkbox"/>	
Countertops	<input type="checkbox"/>	
Pantry	<input type="checkbox"/>	
Walls/Ceiling	<input type="checkbox"/>	
Woodwork/Trim	<input type="checkbox"/>	
Door(s)	<input type="checkbox"/>	
Window(s)	<input type="checkbox"/>	
Window Coverings	<input type="checkbox"/>	
Light Fixture(s)	<input type="checkbox"/>	
Outlets/Switches	<input type="checkbox"/>	
Flooring/Carpet	<input type="checkbox"/>	
Cabinets/Built-Ins	<input type="checkbox"/>	
Closet(s)	<input type="checkbox"/>	
Other	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

Bedroom 1	Provided	Conditions
Walls/Ceiling	<input type="checkbox"/>	
Woodwork/Trim	<input type="checkbox"/>	
Door(s)	<input type="checkbox"/>	
Window(s)	<input type="checkbox"/>	
Window Coverings	<input type="checkbox"/>	

Bedroom 1, Continued	Provided	Conditions
Light Fixture(s)	<input type="checkbox"/>	
Outlets/Switches	<input type="checkbox"/>	
Flooring/Carpet	<input type="checkbox"/>	
Cabinets/Built-ins	<input type="checkbox"/>	
Closet(s)	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

Bedroom 2	Provided	Conditions
Walls/Ceiling	<input type="checkbox"/>	
Woodwork/Trim	<input type="checkbox"/>	
Door(s)	<input type="checkbox"/>	
Window(s)	<input type="checkbox"/>	
Window Coverings	<input type="checkbox"/>	
Light Fixture(s)	<input type="checkbox"/>	
Outlets/Switches	<input type="checkbox"/>	
Flooring/Carpet	<input type="checkbox"/>	
Cabinets/Built-ins	<input type="checkbox"/>	
Closet(s)	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

Bedroom 3	Provided	Conditions
Walls/Ceiling	<input type="checkbox"/>	
Woodwork/Trim	<input type="checkbox"/>	
Door(s)	<input type="checkbox"/>	
Window(s)	<input type="checkbox"/>	
Window Coverings	<input type="checkbox"/>	
Light Fixture(s)	<input type="checkbox"/>	
Outlets/Switches	<input type="checkbox"/>	
Flooring/Carpet	<input type="checkbox"/>	
Cabinets/Built-ins	<input type="checkbox"/>	

