

PROPERTY INFORMATION SHEET MUST BE RETURNED TO THE OFFICE BY 31/10/18

ADDRESS:.....DATE:.....

GAS METER READINGS:..... ELEC METER READINGS:.....

ITEMS:	YES/NO = TOTAL	LIST EITHER: NO DAMAGE / DAMAGE/ DEFECTS
<u>HALLWAY</u>		
Laminate Floor/Carpet		
Decor (Paint/Wallpaper)		
<u>LOUNGE</u>		
Carpet/Laminate Floor		
Sofa(s)		
Coffee Table		
Curtains and/or Blinds		
Decor (Paint/Wallpaper)		
Miscellaneous Items		
<u>KITCHEN</u>		
Vinyl/Laminate Floor		
Fridge/Freezer (1 or 2)		
Microwave		
Cooker or Oven and Hob		
Blinds		
Washing Machine and/or Dryer		
Dishwasher		
Dining Table and Chairs		
Fire Extinguisher(s) and Blanket		
Decor (Paint/Wallpaper)		
<u>BATHROOM</u>		
Shower and/or Bath		
Toilet		
Decor (Paint/Wallpaper)		
Miscellaneous Items		
<u>OTHER</u>		
Hoover (Yellow Karcher)		
Agent Signature:	Tenant Name:	Tenant signature:

Property Information Sheet- Bedrooms

Tenant Name:	Bedroom	1/ 2/ 3/ 4/ 5 /6 /7 /8 (Circle applicable number)
	Yes/No/How Many?	Defect Noted/Repaired/Replaced
Chest of Drawers		
Bed		
Wardrobe		
Desk		
Desk Chair		
Carpet or Laminate Floor		
Blinds and/or Curtains		
Decor (Paint/Wallpaper etc)		
Tenant Signature		

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Wardrobe		
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