

DAKOTA PROPERTY MANAGEMENT CONDITION REPORT

14143 DENVER WEST PKWY, STE 100, GOLDEN, CO 80501

Please complete and send back within one week to info@dakotamgmt.com

PROPERTY ADDRESS: _____

Code	E = Excellent	G = Good	F = Fair	P = Poor	N/A
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OUTSIDE AREAS	CHECK IN	CHECK OUT
Front Yard		
Side Yards		
Back Yard		
Decks		
Driveway		

ENTRY	CHECK IN	CHECK OUT
Floors/Walls/Ceiling		
Light/Fans		
Doors/Closets		
Windows/Screens		

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

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

DINING ROOM/AREA	CHECK IN	CHECK OUT
Floors		
Walls/Ceilings		

Lights/Fans		
Doors		
Windows/Screens		
Window Coverings		

HALLWAY	CHECK IN	CHECK OUT
Floors		
Walls/Ceiling		
Lights		

KITCHEN	CHECK IN	CHECK OUT
Floors		
Walls/Ceilings		
Lights/Fans		
Windows		
Sink/Faucets		
Dishwasher		
Garbage Disposal		
Stove/Oven/Microwave		
Refrigerator		
Countertops		
Cabinets		

MASTER BEDROOM	CHECK IN	CHECK OUT
Floors		
Walls		
Ceilings		
Lights/Fans		
Doors		
Windows/Screens		
Closets		

BEDROOM 1	CHECK IN	CHECK OUT
Floors		
Walls		
Ceilings		
Lights/Fans		
Doors		

Windows/Screens		
Closets		

BEDROOM 2	CHECK IN	CHECK OUT
Floors		
Walls		
Ceilings		
Lights/Fans		
Doors		
Windows/Screens		
Closets		

BEDROOMS 3&4	CHECK IN	CHECK OUT
Floors		
Walls		
Ceilings		
Lights/Fans		
Doors		
Windows/Screens		
Closets		

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

BATHROOM 2	CHECK IN	CHECK OUT
Floors		
Walls/Ceilings		
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		
Sinks/Faucets		
Tub/Shower		
Toilet		
Countertops/Cabinets		

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

Washer	Yes	No
Dryer	Yes	No

OTHER	CHECK IN	CHECK OUT

Tenant _____ Date: _____

Tenant _____ Date: _____

Tenant _____ Date: _____

Tenant _____ Date: _____

THIS PAGE IS OPTIONAL. PLEASE LIST ANY SPECIFIC PROBLEMS OR REPAIRS THAT REQUIRE ATTENTION. PLEASE WRITE CLEARLY AND SPECIFY ROOMS AND LOCATIONS SO THAT WE CAN UNDERSTAND WHAT AND WHERE THE PROBLEM IS.

PROPERTY ADDRESS:

TENANT NAME:

EMAIL ADDRESS: