Semi-Annual Safety and Maintenance Update

Tenant Name: _____
Date: _____
Rental Address: _____
Apt. #: _____ City: _____ State: _____ Zip: _____

Objects		Date Noticed
Walls/Ceilings		
Floors/Coverings		
Doors		
Windows		
Outlets		
Switches		
Locks/Security		
Fireplace		
Furnishings		
Fans		
Heat/AC		
Fridge		
Oven		
Stove		
Sinks		
Drains/Disposal		
Toilets		
Drawers		
Cabinets		
Roof		
Garage		
Smoke Detectors		