

Rental Inspection Checklist

DATE: _____

PROPERTY ADDRESS: _____

PROPERTY OWNER/AGENT: _____

OWNER/AGENT PHONE #: _____

	PASS	FAIL	
Address Posted 1107.23subd. 21a	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sidewalk/Driveway 1107.23 subd.22c	<input type="checkbox"/>	<input type="checkbox"/>	_____
Exterior Condition 1107.23 subd.22	<input type="checkbox"/>	<input type="checkbox"/>	_____
Weeds/Vehicles 1107.23 subd.22d &g	<input type="checkbox"/>	<input type="checkbox"/>	_____
Space/Lighting/Ventilation 1107.23 subd.16	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mechanical Equipment 1107.23 subd.18	<input type="checkbox"/>	<input type="checkbox"/>	_____
Electrical/Plumbing 1107.23 subd.18	<input type="checkbox"/>	<input type="checkbox"/>	_____
Egress 1107.23 subd.19	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fire Extinguisher/Sprinkler 1107.23 subd.20c & d	<input type="checkbox"/>	<input type="checkbox"/>	_____
Smoke Detectors 1107.23 subd.20b	<input type="checkbox"/>	<input type="checkbox"/>	_____
Handrails/Guardrails 1107.23 subd.21b	<input type="checkbox"/>	<input type="checkbox"/>	_____
Storage/Refuse 1107.23 subd.21	<input type="checkbox"/>	<input type="checkbox"/>	_____

Inspector: _____

Owner/Agent: _____