

Resident's Name:	Work	
Resident's Name:	Phone: Work	
Temporary Address:	Phone:	

Vitaban/Dining Bases	Kitch on/Dining Doom
Kitchen/Dining Room	Kitchen/Dining Room
Walls	Walls
Wallpaper	Wallpaper
Plugs, Switches, A/C	Plugs, Switches, A/C
Vents Woodwork/Baseboards	Vents Woodwork/Baseboards
Ceiling	Ceiling
Light Fixtures, Bulbs	Light Fixtures, Bulbs
Floor/Carpet	Floor/Carpet
Doors, Stops, Locks	Doors, Stops, Locks
Windows, Latches,	Windows, Latches,
Screens Window Coverings	Screens Surgery Screens
Closets, Rods, Shelves	Closets, Rods, Shelves
Closet Lights, Fixtures	Closet Lights, Fixtures
Lamps, Bulbs	Lamps, Bulbs
Other	Other
Bedroom (describe which one)	Bedroom (describe which one)
Walls, Wallpaper	Walls, Wallpaper
Floor/Carpet	Floor/Carpet
Plugs, Switches, A/C Vents	Plugs, Switches, A/C Vents
Doors, Stops, Locks	Doors, Stops, Locks
Other	Other
Bedroom (describe which one)	Bedroom (describe which one)
Walls, Wallpaper	Walls, Wallpaper
Floor/Carpet	Floor/Carpet
Plugs, Switches, A/C Vents	Plugs, Switches, A/C Vents
Doors, Stops, Locks	Doors, Stops, Locks
Other	Other
Bath (describe which one)	Bath (describe which one)
Walls, Wallpaper	Walls, Wallpaper
Floor/Carpet Plugs, Switches, A/C	Floor/Carpet Plugs, Switches, A/C
Vents	Vents
Doors, Stops, Locks	Doors, Stops, Locks
Other	Other
Move-In Date:	Move-Out Date:
Signature of Tenant(s):	Signature of Landlord:

NOTE: Tenant and Landlord must sign this form in order for it to be accepted by ALE Solutions, Inc.

Please fax back to ALE Solutions at 866-388-5893 or mail to One West Illinois Street, Suite 300, Saint Charles, IL 60174