

# Informational Check-In Sheet

Premises Address \_\_\_\_\_ Lot \_\_\_\_\_

Instructions: Landlord has provided this Informational Check-in Sheet pursuant to Wisconsin Law. Tenant(s) complete this form within seven days of moving in. The purpose of this form is for the Tenant to advise the Landlord of conditions that are beyond normal wear and tear.

Conditions Noted by Landlord:  None  Listed Below: Initials of Landlord or Agent \_\_\_\_\_

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## Conditions Noted by Tenant:

Exterior
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Living Room/Dining
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Master Bedroom
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Bedroom 2
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Bedroom 3
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Kitchen
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Bathroom 1

Bathroom 2

Tenant acknowledges that he/she has reviewed and completed this check in sheet. This form is to document conditions of the dwelling and is not a maintenance request.

Submitted by \_\_\_\_\_ Print Name of Tenant

\_\_\_\_\_ Sign

\_\_\_\_\_ Print Name of Tenant

\_\_\_\_\_ Sign

\_\_\_\_\_ Print Name of Tenant

\_\_\_\_\_ Sign

Date: \_\_\_\_\_