

Date: _____

Damage and Maintenance List

OK to enter? Yes ___ No ___

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(614)-291-8000

Name(s): _____
Address: _____
Phone: _____
Email: _____

Room.	Condition OK?	Describe.
Bedroom 1		
floor/walls		
windows		
doors		
electrical fixtures		
Bedroom 2		
floor/walls		
windows		
doors		
electrical fixtures		
Bedroom 3		
floor/walls		
windows		
doors		
electrical fixtures		
Bedroom 4		
floor		
windows		
doors		
electrical fixtures		
Bathroom		
floor/walls		
doors		
electrical fixtures		
cabinet(s)		
tub		
sink		
toilet		
Kitchen		
floor		
windows		
doors		
electrical fixtures		
stove		
refrigerator		
cabinets		
sink		
counter tops		
Living/Dining Room		
floors		
windows		
doors		
electrical fixtures		
Halls/Stairs		
walls/ceiling/floor		
hand-rail		