CALIFORNIA
ASSOCIATION
OF REALTORS®

MOVE IN / MOVE OUT INSPECTION
(C.A.R. Form MIMO, Revised 11/07)

1 Pro
Property Address *Pro, CA   93000* _____ Unit No. _____
Inspection: Move In _____ (Date) Move Out _____ (Date)
Tenant(s) _____

When completing this form, check the Premises carefully and be specific in all items noted. Check the appropriate box:
N - NEW   S - SATISFACTORY/CLEAN   O - OTHER   D - DEPOSIT DEDUCTION

	MOVE IN				**MOVE OUT**			
	N	S	O	Comments	S	O	D	Comments
Front Yard/Exterior								
Landscaping	☐	☐	☐	_____	☐	☐	☐	_____
Fences/Gates	☐	☐	☐	_____	☐	☐	☐	_____
Sprinklers/Timers	☐	☐	☐	_____	☐	☐	☐	_____
Walks/Driveway	☐	☐	☐	_____	☐	☐	☐	_____
Porches/Stairs	☐	☐	☐	_____	☐	☐	☐	_____
Mailbox	☐	☐	☐	_____	☐	☐	☐	_____
Light Fixtures	☐	☐	☐	_____	☐	☐	☐	_____
Building Exterior	☐	☐	☐	_____	☐	☐	☐	_____
Entry								
Security/Screen Doors	☐	☐	☐	_____	☐	☐	☐	_____
Doors/Knobs/Locks	☐	☐	☐	_____	☐	☐	☐	_____
Flooring/Baseboards	☐	☐	☐	_____	☐	☐	☐	_____
Walls/Ceilings	☐	☐	☐	_____	☐	☐	☐	_____
Light Fixtures/Fans	☐	☐	☐	_____	☐	☐	☐	_____
Switches/Outlets	☐	☐	☐	_____	☐	☐	☐	_____
Living Room								
Doors/Knobs/Locks	☐	☐	☐	_____	☐	☐	☐	_____
Flooring/Baseboards	☐	☐	☐	_____	☐	☐	☐	_____
Walls/Ceilings	☐	☐	☐	_____	☐	☐	☐	_____
Window Coverings	☐	☐	☐	_____	☐	☐	☐	_____
Windows/Locks/Screens	☐	☐	☐	_____	☐	☐	☐	_____
Light Fixtures/Fans	☐	☐	☐	_____	☐	☐	☐	_____
Switches/Outlets	☐	☐	☐	_____	☐	☐	☐	_____
Fireplace Equipment	☐	☐	☐	_____	☐	☐	☐	_____
Dining Room								
Flooring/Baseboards	☐	☐	☐	_____	☐	☐	☐	_____
Walls/Ceilings	☐	☐	☐	_____	☐	☐	☐	_____
Window Coverings	☐	☐	☐	_____	☐	☐	☐	_____
Windows/Locks/Screens	☐	☐	☐	_____	☐	☐	☐	_____
Light Fixtures/Fans	☐	☐	☐	_____	☐	☐	☐	_____
Switches/Outlets	☐	☐	☐	_____	☐	☐	☐	_____

Tenant's Initials   (_____) (_____)   Tenant's Initials   (_____) (_____)
Landlord's Initials (_____) (_____)   Landlord's Initials (_____) (_____)

MIMO REVISED 11/07 (PAGE 1 OF 5)

Reviewed by _____ Date_____

EQUAL HOUSING
OPPORTUNITY

MOVE IN / MOVE OUT INSPECTION (MIMO PAGE 1 OF 5)

Agent: John White	**Phone:** 805.844.4665	**Fax:** 805.830.1590	**Prepared using zipForm® software**
Broker: John O White 3190 Calle de Marejada Camarillo, CA 93010			

	MOVE IN				**MOVE OUT**			
	N	**S**	**O**	**Comments**	**S**	**O**	**D**	**Comments**

Other Room _____

	MOVE IN			MOVE OUT		
Doors/Knobs/Locks	☐	☐	☐	☐	☐	☐
Flooring/Baseboards	☐	☐	☐	☐	☐	☐
Walls/Ceilings	☐	☐	☐	☐	☐	☐
Window Coverings	☐	☐	☐	☐	☐	☐
Windows/Locks/Screens	☐	☐	☐	☐	☐	☐
Light Fixtures/Fans	☐	☐	☐	☐	☐	☐
Switches/Outlets	☐	☐	☐	☐	☐	☐

Bedroom # _____

	MOVE IN			MOVE OUT		
Doors/Knobs/Locks	☐	☐	☐	☐	☐	☐
Flooring/Baseboards	☐	☐	☐	☐	☐	☐
Walls/Ceilings	☐	☐	☐	☐	☐	☐
Window Coverings	☐	☐	☐	☐	☐	☐
Windows/Locks/Screens	☐	☐	☐	☐	☐	☐
Light Fixtures/Fans	☐	☐	☐	☐	☐	☐
Switches/Outlets	☐	☐	☐	☐	☐	☐
Closets/Doors/Tracks	☐	☐	☐	☐	☐	☐

Bedroom # _____

	MOVE IN			MOVE OUT		
Doors/Knobs/Locks	☐	☐	☐	☐	☐	☐
Flooring/Baseboards	☐	☐	☐	☐	☐	☐
Walls/Ceilings	☐	☐	☐	☐	☐	☐
Window Coverings	☐	☐	☐	☐	☐	☐
Windows/Locks/Screens	☐	☐	☐	☐	☐	☐
Light Fixtures/Fans	☐	☐	☐	☐	☐	☐
Switches/Outlets	☐	☐	☐	☐	☐	☐
Closets/Doors/Tracks	☐	☐	☐	☐	☐	☐

Bedroom # _____

	MOVE IN			MOVE OUT		
Doors/Knobs/Locks	☐	☐	☐	☐	☐	☐
Flooring/Baseboards	☐	☐	☐	☐	☐	☐
Walls/Ceilings	☐	☐	☐	☐	☐	☐
Window Coverings	☐	☐	☐	☐	☐	☐
Windows/Locks/Screens	☐	☐	☐	☐	☐	☐
Light Fixtures/Fans	☐	☐	☐	☐	☐	☐
Switches/Outlets	☐	☐	☐	☐	☐	☐
Closets/Doors/Tracks	☐	☐	☐	☐	☐	☐

Bedroom # _____

	MOVE IN			MOVE OUT		
Doors/Knobs/Locks	☐	☐	☐	☐	☐	☐
Flooring/Baseboards	☐	☐	☐	☐	☐	☐
Walls/Ceilings	☐	☐	☐	☐	☐	☐
Window Coverings	☐	☐	☐	☐	☐	☐
Windows/Locks/Screens	☐	☐	☐	☐	☐	☐
Light Fixtures/Fans	☐	☐	☐	☐	☐	☐
Switches/Outlets	☐	☐	☐	☐	☐	☐
Closets/Doors/Tracks	☐	☐	☐	☐	☐	☐

Tenant's Initials (_____) (_____)   Tenant's Initials (_____) (_____)
Landlord's Initials (_____) (_____)   Landlord's Initials (_____) (_____)

MIMO REVISED 11/07 (PAGE 2 OF 5)

Reviewed by _____ Date_____

MOVE IN / MOVE OUT INSPECTION (MIMO PAGE 2 OF 5)

Property Address: *1 Pro*
*Pro, CA 93000*_____ Date: _____

| | **MOVE IN** | | | | **MOVE OUT** | | | |
| | N | S | O | Comments | S | O | D | Comments |

Bath #_____

Item	N	S	O	Comments	S	O	D	Comments
Doors/Knobs/Locks	☐	☐	☐	_____	☐	☐	☐	_____
Flooring/Baseboards	☐	☐	☐	_____	☐	☐	☐	_____
Walls/Ceilings	☐	☐	☐	_____	☐	☐	☐	_____
Window Coverings	☐	☐	☐	_____	☐	☐	☐	_____
Windows/Locks/Screens	☐	☐	☐	_____	☐	☐	☐	_____
Light Fixtures	☐	☐	☐	_____	☐	☐	☐	_____
Switches/Outlets	☐	☐	☐	_____	☐	☐	☐	_____
Toilet	☐	☐	☐	_____	☐	☐	☐	_____
Tub/Shower	☐	☐	☐	_____	☐	☐	☐	_____
Shower Door/Rail/Curtain	☐	☐	☐	_____	☐	☐	☐	_____
Sink/Faucets	☐	☐	☐	_____	☐	☐	☐	_____
Plumbing/Drains	☐	☐	☐	_____	☐	☐	☐	_____
Exhaust Fan	☐	☐	☐	_____	☐	☐	☐	_____
Towel Rack(s)	☐	☐	☐	_____	☐	☐	☐	_____
Toilet Paper Holder	☐	☐	☐	_____	☐	☐	☐	_____
Cabinets/Counters	☐	☐	☐	_____	☐	☐	☐	_____

Bath #_____

Item	N	S	O	Comments	S	O	D	Comments
Doors/Knobs/Locks	☐	☐	☐	_____	☐	☐	☐	_____
Flooring/Baseboards	☐	☐	☐	_____	☐	☐	☐	_____
Walls/Ceilings	☐	☐	☐	_____	☐	☐	☐	_____
Window Coverings	☐	☐	☐	_____	☐	☐	☐	_____
Windows/Locks/Screens	☐	☐	☐	_____	☐	☐	☐	_____
Light Fixtures	☐	☐	☐	_____	☐	☐	☐	_____
Switches/Outlets	☐	☐	☐	_____	☐	☐	☐	_____
Toilet	☐	☐	☐	_____	☐	☐	☐	_____
Tub/Shower	☐	☐	☐	_____	☐	☐	☐	_____
Shower Door/Rail/Curtain	☐	☐	☐	_____	☐	☐	☐	_____
Sink/Faucets	☐	☐	☐	_____	☐	☐	☐	_____
Plumbing/Drains	☐	☐	☐	_____	☐	☐	☐	_____
Exhaust Fan	☐	☐	☐	_____	☐	☐	☐	_____
Towel Rack(s)	☐	☐	☐	_____	☐	☐	☐	_____
Toilet Paper Holder	☐	☐	☐	_____	☐	☐	☐	_____
Cabinets/Counters	☐	☐	☐	_____	☐	☐	☐	_____

Bath #_____

Item	N	S	O	Comments	S	O	D	Comments
Doors/Knobs/Locks	☐	☐	☐	_____	☐	☐	☐	_____
Flooring/Baseboards	☐	☐	☐	_____	☐	☐	☐	_____
Walls/Ceilings	☐	☐	☐	_____	☐	☐	☐	_____
Window Coverings	☐	☐	☐	_____	☐	☐	☐	_____
Windows/Locks/Screens	☐	☐	☐	_____	☐	☐	☐	_____
Light Fixtures	☐	☐	☐	_____	☐	☐	☐	_____
Switches/Outlets	☐	☐	☐	_____	☐	☐	☐	_____
Toilet	☐	☐	☐	_____	☐	☐	☐	_____
Tub/Shower	☐	☐	☐	_____	☐	☐	☐	_____
Shower Door/Rail/Curtain	☐	☐	☐	_____	☐	☐	☐	_____
Sink/Faucets	☐	☐	☐	_____	☐	☐	☐	_____
Plumbing/Drains	☐	☐	☐	_____	☐	☐	☐	_____
Exhaust Fan	☐	☐	☐	_____	☐	☐	☐	_____
Towel Rack(s)	☐	☐	☐	_____	☐	☐	☐	_____
Toilet Paper Holder	☐	☐	☐	_____	☐	☐	☐	_____
Cabinets/Counters	☐	☐	☐	_____	☐	☐	☐	_____

Tenant's Initials (_____) (_____)   Tenant's Initials (_____) (_____)
Landlord's Initials (_____) (_____)   Landlord's Initials (_____) (_____)

MIMO REVISED 11/07 (PAGE 3 OF 5)

Reviewed by _____ Date_____

EQUAL HOUSING OPPORTUNITY

MOVE IN / MOVE OUT INSPECTION (MIMO PAGE 3 OF 5)

	MOVE IN				**MOVE OUT**			
	N	**S**	**O**	**Comments**	**S**	**O**	**D**	**Comments**

Kitchen
Flooring/Baseboards ☐ ☐ ☐ _____ ☐ ☐ ☐ _____
Walls/Ceilings ☐ ☐ ☐ _____ ☐ ☐ ☐ _____
Window Coverings ☐ ☐ ☐ _____ ☐ ☐ ☐ _____
Windows/Locks/Screens ☐ ☐ ☐ _____ ☐ ☐ ☐ _____
Light Fixtures ☐ ☐ ☐ _____ ☐ ☐ ☐ _____
Switches/Outlets ☐ ☐ ☐ _____ ☐ ☐ ☐ _____
Range/Fan/Hood ☐ ☐ ☐ _____ ☐ ☐ ☐ _____
Oven(s)/Microwave ☐ ☐ ☐ _____ ☐ ☐ ☐ _____
Refrigerator ☐ ☐ ☐ _____ ☐ ☐ ☐ _____
Dishwasher ☐ ☐ ☐ _____ ☐ ☐ ☐ _____
Sink/Disposal ☐ ☐ ☐ _____ ☐ ☐ ☐ _____
Faucet(s)/Plumbing ☐ ☐ ☐ _____ ☐ ☐ ☐ _____
Cabinets ☐ ☐ ☐ _____ ☐ ☐ ☐ _____
Counters ☐ ☐ ☐ _____ ☐ ☐ ☐ _____

_____ _____
_____ _____
_____ _____

Hall/Stairs
Flooring/Baseboards ☐ ☐ ☐ _____ ☐ ☐ ☐ _____
Walls/Ceilings ☐ ☐ ☐ _____ ☐ ☐ ☐ _____
Light Fixtures ☐ ☐ ☐ _____ ☐ ☐ ☐ _____
Switches/Outlets ☐ ☐ ☐ _____ ☐ ☐ ☐ _____
Closets/Cabinets ☐ ☐ ☐ _____ ☐ ☐ ☐ _____
Railings/Banisters ☐ ☐ ☐ _____ ☐ ☐ ☐ _____

_____ _____
_____ _____
_____ _____

Laundry _____
Faucets/Valves ☐ ☐ ☐ _____ ☐ ☐ ☐ _____
Plumbing/Drains ☐ ☐ ☐ _____ ☐ ☐ ☐ _____
Cabinets/Counters ☐ ☐ ☐ _____ ☐ ☐ ☐ _____

_____ _____
_____ _____
_____ _____

Systems
Furnace/Thermostat ☐ ☐ ☐ _____ ☐ ☐ ☐ _____
Air Conditioning ☐ ☐ ☐ _____ ☐ ☐ ☐ _____
Water Heater ☐ ☐ ☐ _____ ☐ ☐ ☐ _____
Water Softener ☐ ☐ ☐ _____ ☐ ☐ ☐ _____

_____ _____
_____ _____

Other _____

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

Tenant's Initials (_____) (_____)   Tenant's Initials (_____) (_____)
Landlord's Initials (_____) (_____)   Landlord's Initials (_____) (_____)

MIMO REVISED 11/07 (PAGE 4 OF 5)

Reviewed by _____ Date_____

MOVE IN / MOVE OUT INSPECTION (MIMO PAGE 4 OF 5)

Property Address: *Pro, CA 93000* _____ Date: _____

	MOVE IN				MOVE OUT		
	N	S	O	Comments	S	O	D	Comments

Garage/Parking
Garage Door ☐ ☐ ☐ _____ ☐ ☐ ☐ _____
Other Door(s) ☐ ☐ ☐ _____ ☐ ☐ ☐ _____
Driveway/Floor ☐ ☐ ☐ _____ ☐ ☐ ☐ _____
Cabinets/Counters ☐ ☐ ☐ _____ ☐ ☐ ☐ _____
Light Fixtures ☐ ☐ ☐ _____ ☐ ☐ ☐ _____
Switches/Outlets ☐ ☐ ☐ _____ ☐ ☐ ☐ _____
Electrical/Exposed Wiring ☐ ☐ ☐ _____ ☐ ☐ ☐ _____
Window(s) ☐ ☐ ☐ _____ ☐ ☐ ☐ _____
Other Storage/Shelving ☐ ☐ ☐ _____ ☐ ☐ ☐ _____

_____   _____
_____   _____

Back/Side/Yard
Patio/Deck/Balcony ☐ ☐ ☐ _____ ☐ ☐ ☐ _____
Patio Cover(s) ☐ ☐ ☐ _____ ☐ ☐ ☐ _____
Landscaping ☐ ☐ ☐ _____ ☐ ☐ ☐ _____
Sprinklers/Timers ☐ ☐ ☐ _____ ☐ ☐ ☐ _____
Pool/Heater/Equipment ☐ ☐ ☐ _____ ☐ ☐ ☐ _____
Spa/Cover/Equipment ☐ ☐ ☐ _____ ☐ ☐ ☐ _____
Fences/Gates ☐ ☐ ☐ _____ ☐ ☐ ☐ _____

_____   _____

Safety/Security
Smoke/CO Detector(s) ☐ ☐ ☐ _____ ☐ ☐ ☐ _____
Security System ☐ ☐ ☐ _____ ☐ ☐ ☐ _____
Security Window Bars ☐ ☐ ☐ _____ ☐ ☐ ☐ _____

_____   _____
_____   _____
_____   _____

Personal Property

_____   _____
_____   _____

Keys/Remotes/Devices
Keys _____   _____
Remotes/Devices _____   _____

☐ **Attached Supplement(s)** _____

THIS SECTION TO BE COMPLETED AT MOVE IN: Receipt of a copy of this form is acknowledged by:
Tenant _____ Date _____
Tenant _____ Date _____
New Phone Service Established? ☐ Yes ☐ No   New Phone Number _____
Landlord (Owner or Agent) _____ Date _____
Landlord _____
          (Print Name)

THIS SECTION TO BE COMPLETED AT MOVE OUT: Receipt of a copy of this form is acknowledged by:
Tenant _____ Date _____
Tenant _____ Date _____
Tenant Forwarding Address _____
_____
Landlord (Owner or Agent) _____ Date _____
Landlord _____
          (Print Name)

Reviewed by _____ Date_____

EQUAL HOUSING OPPORTUNITY