I N V E N T O R Y O F F I X T U R E S

*(Law n°89-462 of July 6th 1989)*



**CHECK-IN**

Check-in date :

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**CHECK-OUT**

Check-in date :

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Check-out :

/

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# Address :

…..…..…..…..…..…..…..…..…..…..…..…..…..…..…..…..…....…..…..…..…..…..…..…..…..…..

The inventory of fixtures should be done by both parties when keys are given to the tenant and when the tenant returns keys back to the lessor upon leaving the property, in compliance with article 3 of Law n°89-462 of July 6th 1989. The inventory of fixtures is part of the lease agreement from which it cannot be dissociated.

# Lessor :

Name (or legal name) : …..…..…..…..…..…..…..…..…..…........

# Tenant :

Name : …..…..…..…..…..…..…..…..…..…..…..………..……..…...



Residence (or headquarters) : …..…..…..…..…..…..…..…..…..…....... If check-out inventory, new address : ……..…..…..…..……..

…..…..…..…..…..…..…..…..…..…..…..…..…..…..…..…..…..…..

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| --- | --- | --- | --- | --- | --- |
|  | **Electricity** | **Gas** | **Water** | **Internet** | **Insurance** |
| **Meter readings** | Meter n° :…..…..…..….…..  Full-hours reading :…..…..…..…  Off-peak hours reading : ..…...... | Meter n° :  ..….….….…...…..…..….…..…...... Meter reading : | Meter reading cold water :  ..….…..…..…..….…..…......  Meter reading hot water : | Fiber optics and high speed internet line opening | Home insurance contract subscription |
|  | ..….…..…..…..….…..…......  Former tenant : | ..….…..…..…..….…..…...... | ..….…..…..…..….…..…...... |  |  |
|  | …..…..…..….…...….…...….... |  |  |  |  |
| **Contact**  Moving procedures | Electricity, gas (opening of meters), water, internet, home insurance  **09 87 67 16 42**  (non-surcharged call; m-f : 8am-9pm, sat : 8:am-6:30pm, sun : 9am-5pm ; Selectra) | | | | |

Heating :

*collective individual electricity gas fuel oil other :*

…..…..…..…..…..

Hot water :  *collective * *individual electricity * *gas * *fuel oil*

Number of radiators : …..…..… Boiler : …..…..……..… Water boiler : …..…..……..…

*other :* …..…....

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| --- | --- | --- | --- |
| **Type of key** | **N°** and **Description** | **Type of key** | **N°** and **Description** |
| Building |  | Front door |  |
| Mailbox |  | Cellar |  |
| Gate |  | Parking lot |  |
| Other : …..…..……..….. |  | Other : …..…..……..….. |  |

**Condition of rooms -** Complete the "Condition" column with the letters **P** (poor), **A** (average), **G** (good), **VG** (very good).

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| --- | --- | --- | --- |
| **Entrance** | **Comments** | **Condition**  **check-in** | **Condition**  **check-out** |
| Door |  |  |  |
| Intercom |  |  |  |
| Walls |  |  |  |
| Floor |  |  |  |
| Windows, panes, shutters |  |  |  |
| Ceiling |  |  |  |
| Lighting and switches |  |  |  |
| Electrical outlets (number ) |  |  |  |

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| **Living room** | **Comments** | **Condition**  **check-in** | **Condition**  **check-out** |
| Walls |  |  |  |
| Floor |  |  |  |
| Windows, panes, shutters |  |  |  |
| Ceiling |  |  |  |
| Lighting and switches |  |  |  |
| Electrical outlets (number ) |  |  |  |

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| --- | --- | --- | --- |
| **Kitchen** | **Comments** | **Condition**  **check-in** | **Condition**  **check-out** |
| Walls |  |  |  |
| Floor |  |  |  |
| Windows, panes, shutters |  |  |  |
| Ceiling |  |  |  |
| Lighting and switches |  |  |  |
| Electrical outlets (number ) |  |  |  |
| Closet, storage place |  |  |  |
| Sink (and piping) |  |  |  |
| Hotplates and oven |  |  |  |
| Hood |  |  |  |
| Home appliance : …..…..……..…..…… |  |  |  |

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| **Bedrooms** | **Comments** | | | **Condition**  **check-in** | | | **Condition**  **check-out** | | |
| **Bedroom 1** | **Bedroom 2** | **Bedroom 3** | **1** | **2** | **3** | **1** | **2** | **3** |
| Walls |  |  |  |  |  |  |  |  |  |
| Floor |  |  |  |  |  |  |  |  |  |
| Windows, panes, shutters |  |  |  |  |  |  |  |  |  |
| Ceiling |  |  |  |  |  |  |  |  |  |
| Lighting and switches |  |  |  |  |  |  |  |  |  |
| Electrical outlets | Number : …..….. | Number : …..….. | Number : …..….. |  |  |  |  |  |  |

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| **Bathrooms** | **Comments** | | **Condition**  **check-in** | | **Condition**  **check-out** | |
| **Bathroom 1** | **Bathroom 2** | **1** | **2** | **1** | **2** |
| Walls |  |  |  |  |  |  |
| Floor |  |  |  |  |  |  |
| Windows, panes, shutters |  |  |  |  |  |  |
| Ceiling |  |  |  |  |  |  |
| Lighting and switches |  |  |  |  |  |  |
| Electrical outlets | Number : …..….. | Number : …..….. |  |  |  |  |
| Sink (and piping) |  |  |  |  |  |  |
| Tub / shower |  |  |  |  |  |  |
| WC |  |  |  |  |  |  |

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| **WC** | **Comments** | | **Condition**  **check-in** | | **Condition**  **check-out** | |
| **WC 1** | **WC 2** | **1** | **2** | **1** | **2** |
| Walls |  |  |  |  |  |  |
| Floor |  |  |  |  |  |  |
| Windows, panes, shutters |  |  |  |  |  |  |
| Ceiling |  |  |  |  |  |  |
| Lighting and switches |  |  |  |  |  |  |
| Electrical outlets | Number : …..….. | Number : …..….. |  |  |  |  |
| Sink (and piping) |  |  |  |  |  |  |
| WC |  |  |  |  |  |  |

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| **Other room :** …..…..……..…..… | **Comments** | **Condition**  **check-in** | **Condition**  **check-out** |
| Walls |  |  |  |
| Floor |  |  |  |
| Windows, panes, shutters |  |  |  |
| Ceiling |  |  |  |
| Lighting and switches |  |  |  |
| Electrical outlets (number ) |  |  |  |

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| **MISCELLANEOUS EQUIPMENT** | **Check-in** | | | | **Check-out** | | | | **Comments** |
| **Number** | **Good** | **Average** | **Poor** | **Number** | **Good** | **Average** | **Poor** |
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