

VACANCY RECONDITIONING LOG

Project Name: _____ Contract Number: _____

Vacated Resident's Name: _____ Unit Number: _____

Move-out date: _____ Transfer Date: _____

Date of Death: _____ New Resident Move-in date or Anticipated date: _____

Maintenance: Start Date: _____ Finish Date: _____

Comments: _____

Painting: Start Date: _____ Finish Date: _____

Comments: _____

Cleaning: Start Date: _____ Finish Date: _____

Comments: _____

Carpet Cleaned: Start Date: _____ Finish Date: _____

Comments: _____

Other: Start Date: _____ Finish Date: _____

Comments: _____

Justification for turnover functions taking more than 10 days after move-out:

Unit **Approved** for Occupancy: _____ By: _____

Unit **Available** for Occupancy: _____
(at least one day after all turnover functions, including final walk through & approval):