# RECORD OF TERMINATION

QUARTERS NO. _____
OCCUPANT' S NAME_____
INSPECTION DATE & TIME_____
RECHECK DATE & TIME_____
DATE QTRS TERMINATED_____
SSN: _____
SM UNIT _____
RANK_____

( ) PAINT ONLY_____LAST PAINT_____
( ) COOM____ PAINT____CLEAN_____CARPET____
( ) KEYS MISSING_____
( ) CHARGES_____
( ) PASS WITHOUT CHARGES_____

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IF YOU SHOULD FAIL YOUR RESIDENT OUT, YOUR QUARTERS WILL BE REINSPECTED COMPLETELY IF THE FOLLOWUP INSPECTION IS NOT WITHIN 24 HRS. IF FOLLOWUP INSPECTION IS WITHIN 24 HRS YOU WILL ONLY BE REINSPECTED ON THE FAILED ITEMS.

KITCHEN:

STOVE / HOOD
1._____
2._____
3._____

WINDOWS:
1._____
2._____
3._____

BEDROOMS:
1. 2. 3. 4. 5._____
1. 2. 3. 4. 5._____
1. 2. 3. 4. 5._____

REFRIGERATOR:
1._____
2._____
3._____

LIGHTS:
1._____
2._____
3._____

BATHROOMS:
1._____
2._____
3._____

DISHWASHER:
1._____
2._____
3._____

FLOORS:
1._____
2._____
3._____

LIVINGROOM / HALLWAY:
1._____
2._____
3._____

EXHAUST FAN/ VENTS
1._____
2._____
3._____

CARPET:
1._____
2._____
3._____

PATIO / PORCH
1._____
2._____
3._____

CABINETS / CLOSETS:
1._____
2._____
3._____

WALLS/ COUNTERS:
1._____
2._____
3._____

CARPORT / GARAGE:
1._____
2._____
3._____

OUTSIDE AREA:
1._____
2._____
3._____

STORAGE AREA:
1._____
2._____
3._____

YARD /GARBAGE CANS
1._____
2._____
3._____

THE FOLLOWING DAMAGES ARE BEING CHARGED TO YOU. IF YOU HAVE ANY QUESTIONS. YOU SHOULD ASK THE INSPECTOR BEFORE LEAVING THE QUARTERS. YOUR SIGNATURE REPRESENTS YOUR CONCURRENCE._____
_____
_____

_____
OCCUPANT'S SIGNATURE

_____
INSPECTOR