



**Information Verification Request**

To ensure that you receive the best possible service from Louise Beck Properties, Inc. please take a moment to fill-out this Information Verification Request, and return it to us with your Move-In Inspection **no later than 10 days after the start of your lease.**

**Property Address:** \_\_\_\_\_  
\_\_\_\_\_

\*\*Please put asterisks by the best way(s) to reach you between the hours of 8:30am and 5:00pm, Monday-Friday\*\*

**Home Phone #:** \_\_\_\_\_

<b>Tenant Name:</b> _____
<b>Cell #:</b> _____ <b>Work #:</b> _____
<b>E-Mail:</b> _____

<b>Tenant Name:</b> _____
<b>Cell #:</b> _____ <b>Work #:</b> _____
<b>E-Mail:</b> _____

<b>Tenant Name:</b> _____
<b>Cell #:</b> _____ <b>Work #:</b> _____
<b>E-Mail:</b> _____

<b>Tenant Name:</b> _____
<b>Cell #:</b> _____ <b>Work #:</b> _____
<b>E-Mail:</b> _____



KITCHEN	EXISTING CONDITION		Remarks if item needs attention
	Good Condition	Needs Attention	
Floors			
Walls			
Ceiling			
Electric Fixtures			
Windows			
Doors/Locks			
Cabinets			
Sink			
APPLIANCES			
Stove			
Refrigerator			
Dishwasher			
BEDROOM 1			
Floor			
Walls			
Ceiling			
Electric Fixtures			
Windows			
Doors			
Closet			
BEDROOM 2			
Floor			
Walls			
Ceiling			
Electric Fixtures			
Windows			
Doors			
Closet			
BEDROOM 3			
Floor			
Walls			
Ceiling			
Electric Fixtures			
Windows			
Doors			
Closet			

Tenant Initials \_\_\_\_\_ Landlord Agent Initials \_\_\_\_\_

