

Caretaker _____
Address _____
room/flat _____

Inspection date: _____ Time: _____
Room no.: _____
Takeover date: _____

May the caretaker enter your flat/room ☐ yes ☐ no

Room	Things and parts	Damage, lacks and defects (to be filled in by the tenant/caretaker)
------	------------------	--

[illegible]

The tenant/sub tenant signs against receiving a copy of this report.

Caretaker: _____

L:\JB\ENG-DOK\List of defects.doc
26. maj 2003