

# Accommodation Inspection Report

Complete this form in duplicate. It is in the interest of both the landlord and the tenant to ensure that this is done correctly. This form is to provide an accurate record of the condition of the rented property from the date the tenancy begins until termination. This form should be signed by both the tenant and the landlord or authorized agent. Each party should retain one copy as a permanent record.

Please Print

LANDLORD'S INFORMATION				
<i>Last Name / Company Name</i>		<i>First and Middle Names</i>		
<i>Contact Name for Landlord</i>				
<i>Landlord's Address (Address where documents can be given personally, left for, faxed or mailed to effect service)</i>				
<i>Apt./Site #</i>	<i>Street # and Street Name</i>	<i>Municipality</i>	<i>Prov.</i>	<i>Postal Code</i>
<i>Daytime phone #</i>	<i>Other phone #</i>	<i>Fax # for service of documents</i>	<i>Email</i>	

TENANT'S INFORMATION				
<i>Tenant's Information: Last Name</i>		<i>First and Middle Names</i>		
<i>Tenant's Address (Address where documents can be given personally, served or mailed to effect service)</i>				
<i>Apt./Site #</i>	<i>Street # and Street Name</i>	<i>Municipality</i>	<i>Prov.</i>	<i>Postal Code</i>
<i>Daytime phone #</i>	<i>Other phone #</i>	<i>Email</i>		

*Address of the Premises*     *rental unit or*     *mobile home site*

<i>Apt./Site #</i>	<i>Street # and Street Name</i>	<i>Municipality</i>	<i>Prov.</i>	<i>Postal Code</i>

<i>Tenancy Began</i> <small>Year                      Month                      Day</small>	<i>Door Keys Issued</i> <small>Year                      Month                      Day</small>	<i>Mail Box Keys Issued</i> <small>Year                      Month                      Day</small>

*Tenant's Forwarding Address Upon Termination of Tenancy*

<i>Apt./Site #</i>	<i>Street # and Street Name</i>	<i>Municipality</i>	<i>Prov.</i>	<i>Postal Code</i>
<i>Daytime phone #</i>	<i>Other phone #</i>	<i>Email</i>		

**Tenant(s) should advise the Office of the Rentalsman immediately of any change of address.**

	OK	IN (Describe Conditions)	OK	OUT (Describe Conditions)
Kitchen	Ceiling			
	Walls			
	Curtains			
	Floor			
	Cupboards			
	Counter Top			
	Stove			
	Refrigerator			
	Sink			
	Electrical Fixtures			
	Dishwasher			
	Other			

		OK	IN (Describe Conditions)	OK	OUT (Describe Conditions)
Living Room	Ceiling				
	Walls				
	Drapes				
	Floor / Carpet				
	Furniture				
	Electrical Fixtures				
	Furniture				
Master Bedroom	Other				
	Ceiling				
	Walls				
	Drapes				
	Floor / Carpet				
	Closets				
	Electrical Fixtures				
Second Bedroom	Furniture				
	Other				
	Ceiling				
	Walls				
	Drapes				
	Floor / Carpet				
	Closets				
Bath Room	Electrical Fixtures				
	Furniture				
	Other				
	Ceiling				
	Walls				
	Curtains				
	Floor				
Basement	Sink / Vanity				
	Bathtub / Shower				
	Toilet				
	Electrical Fixtures				
	Other				
	Stairs / Stairwell				
	Ceiling				
General	Walls				
	Flooring				
	Plumbing				
	Other				
	Windows / Screens				
	Balcony				
	Garage				
Yard Space	Parking				
	Other				
	Notes:				

<b>IN</b>				
Tenant's Signature _____				
Landlord's Signature _____				
Date	Year	Month	Day	

<b>OUT</b>				
Tenant's Signature _____				
Landlord's Signature _____				
Date	Year	Month	Day	

### Regional Offices

City Centre  
432 Queen Street  
P.O. Box 1998  
Fredericton, NB E3B 5G4  
Tel: 506-453-2557  
Fax: 506-457-7289

King's Square North  
15 King's Square North  
P.O. Box 5001  
Saint John, NB E2L 4Y9  
Tel: 506-658-2512  
Fax: 506-658-3096

Place 1604  
200 Champlain Street  
Dieppe, NB  
E1A 1P1  
Tel: 506-856-2330  
Fax: 506-856-3177

Executive Tower  
161 Main Street  
P.O. Box 5001  
Bathurst, NB E2A 3Z9  
Tel: 506-547-2162  
Fax: 506-547-2106

City Centre Mall  
157 Water Street  
P.O. Box 5001  
Campbellton, NB E3N 3H5  
Tel: 506-789-2362  
Fax: 506-789-4866

Carrefour Assomption  
121 de l'Église Street  
P.O. Box 5001  
Edmundston, NB E3V 3L3  
Tel: 506-735-2096  
Fax: 506-737-4427