WELCOME CENTRE



Hand-over protocol for rented apartments

Please fill in during the hand-over of the housing space and then compare during the takeover. To be signed both times by both parties.

Rental object / address:
Tenant (or representative):
Landlord / Landlady (or representative):
Date of inspection upon moving in upon moving out
Rental object is equipped with:
Heating
Central Heating Self-contained heating covering one floor Stove heating
Furnishing
Built-in kitchen (new /used) Refrigerator Stove
Radio / television
Satellite dish Broadband cable connections Communal antenna
Other:

Condition of the rented premises:

No defects were detected during inspection

Following defects were detected during inspection:

(Please consider condition of ceilings, walls, floorings, windows, electric installations, heating devices, roller blinds, tiling, armatures, sanitation facilities etc.)

	Description of detected defects::	Comments:		
1. Corridor/Entrance				
2. Kitchen				
3. Bathroom/ lavatory				
4. Living room				
5. Balkony/patio				
6. Bedroom				
7. Nursery				
8. Basement				
9. Other rooms				
10. Garage				
11. Garden				
Most recent renovation:				
The apartment is handed over in a renovated not renovated condition.				
The following defects will be rectified by the landlord / landlady:				
Description of defec	Date			

Meter reading:

	Meter no.		Meter reading		
Water					
Electricity					
Gas					
Comments - O	ther:				
Keys:					
keys were h	anded over, including:				
front do	oor key (s)		key (s) to the apartment		
letterbox key (s)			basement key (s)		
room ke	ey (s)				
keys are sti	ill to be handed over.				
Comments:					
Place, date:					
Landlord / Landla	ıdy:		(Signature)		
Tenant:					
			(Signature)		
Witness(es):			Name, address, signature)		

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