

THE LIST OF DEFECTS

 Address

Tenant/tenants		
Starting day of tenancy agreement	Telephone	E-mail

The new tenant must fill out and return this form within 7 days of moving to the apartment. If this isn't done, the responsibility for any defects transfers to the tenant.

SPACES TO INSPECT

Lobby/entry	OK	Remarks
Floors	<input type="checkbox"/>	
Walls	<input type="checkbox"/>	
Coat rack	<input type="checkbox"/>	
Doors and windows	<input type="checkbox"/>	
Doorbell	<input type="checkbox"/>	
Other remarks		
Kitchen	OK	Remarks
Floors	<input type="checkbox"/>	
Walls	<input type="checkbox"/>	
Furnishing	<input type="checkbox"/>	
Cooker	<input type="checkbox"/>	
Cookerhood	<input type="checkbox"/>	
Fridge/freezer	<input type="checkbox"/>	
Trash cans	<input type="checkbox"/>	
Tap	<input type="checkbox"/>	
Doors and windows	<input type="checkbox"/>	
Other remarks		
Bathroom/sauna	OK	Remarks
Floors	<input type="checkbox"/>	
Walls	<input type="checkbox"/>	
Sink	<input type="checkbox"/>	
Taps, shower hose	<input type="checkbox"/>	
Toilet seat	<input type="checkbox"/>	
Lamps	<input type="checkbox"/>	
Seamings	<input type="checkbox"/>	
Doors and windows	<input type="checkbox"/>	
Floor drains	<input type="checkbox"/>	
Sauna	<input type="checkbox"/>	
Other remarks		

Living room	OK	Remarks
Floors	<input type="checkbox"/>	
Walls	<input type="checkbox"/>	
Doors and windows	<input type="checkbox"/>	
Other remarks		
Bedroom 1	OK	Remarks
Floors	<input type="checkbox"/>	
Walls	<input type="checkbox"/>	
Furnishing	<input type="checkbox"/>	
Doors and windows	<input type="checkbox"/>	
Other remarks		
Bedroom 2	OK	Remarks
Floors	<input type="checkbox"/>	
Walls	<input type="checkbox"/>	
Furnishing	<input type="checkbox"/>	
Doors and windows	<input type="checkbox"/>	
Other remarks		
Bedroom 3	OK	Remarks
Floors	<input type="checkbox"/>	
Walls	<input type="checkbox"/>	
Furnishing	<input type="checkbox"/>	
Doors and windows	<input type="checkbox"/>	
Other remarks		
Balcony or yard	OK	Remarks
	<input type="checkbox"/>	
Storages	OK	Remarks
	<input type="checkbox"/>	
Radiators	works	Does not work, where?
	<input type="checkbox"/>	
Roof sockets	OK	Missing, where?
	<input type="checkbox"/>	
Other comments		

REMEMBER TO RETURN filled out to our office, by mail or by e-mail nikkarinkruunu@kerava.fi

Place _____ Date _____ Signature/Signatures _____

	YES	NO
To access this apartment for fixing the defects/faults can we use the master key?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any pets (a cat/a dog)?	<input type="checkbox"/>	<input type="checkbox"/>