

CHECK IN/CHECK OUT SHEET

1 Tenant(s): Alexus Alaman Dezeray Hetchler
 2 _____
 3 Date Moved In: 5/29 Address: _____ Unit No.: _____
 4 Date Moved Out: _____ City, State, Zip: _____

ROOM OR AREA	MOVE-IN INSPECTION	MOVE-OUT INSPECTION	COST TO CORRECT	ROOM OR AREA	MOVE-IN INSPECTION	MOVE-OUT INSPECTION	COST TO CORRECT
KITCHEN	X			DINING ROOM	X		
Walls/Ceiling				Fixture & Bulbs			
Stove-Outside				Floor			
Burners				Walls/Ceiling			
Burner Reflectors				LIVINGROOM			
Timer-Controls				Floor			
Oven				Walls/Ceiling			
Racks				BEDROOM 1			
Broiler Pan				Carpet			
Light				Walls/Ceiling			
Function				Doors			
HOOD				BEDROOM 2			
Fan-Light				Carpet			
Filter				Walls/Ceiling			
Outside				Doors			
REFRIGERATOR				BEDROOM 3			
Outside				Carpet			
Inside (all parts)				Walls/Ceiling			
Vacuum, Coil-motor				Doors			
Clean Floor Under				HALLWAY			
Light				Linen Closet			
Function				Walls/Ceilings			
DISHWASHER				CARPET			
Outside-controls				Living Room			
Inside (all parts)				Dining Room			
Function				Hallway			
SINK				Stairway			
Counter Tops				Other			
Faucets				MISCELLANEOUS			
Enamel				Drapes/Rods			
CUPBOARDS				Windows			
Shelves				Plumbing Leaks			
Drawers				Linoleum			
Under Sink				Light Bulbs			
BATHROOM				Water Softener			
Cabinet & Vanity				Door Keys			
Water Closet/Seat				Garage Keys			
Ceramic Tile/Caulk				Garage Door Openers			
Towel Bars				Mail Box Keys			
Faucets				Basement Keys			
Walls/Ceilings				Floor/Carpet			
BATHROOM - HALF				Closet Doors			
Cabinet & Vanity				Air Conditioning			
Water Closet/Seat				Patio Door			
Ceramic Tile/Caulk				Patio Screen			
Towel Bars				TV Antenna			
Faucets							
Walls/Ceilings							

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55 COMMENTS (Move-In): _____
 56 _____
 57 _____
 58 _____
 59 _____
 60 _____

<p style="text-align: center;">MOVE IN INSPECTION</p> <p>61 Tenant accepts responsibility of rental unit "As Is" with the 62 exceptions listed above</p> <p>63 Tenant <u>Alexus Alaman</u> Date <u>5/29</u></p> <p>64 Tenant <u>Dezeray Hetchler</u> Date <u>5/29</u></p> <p>65 Tenant <u>Brenda Quirk</u> Date <u>5/26</u></p> <p>66 Tenant <u>Abigail</u> Date <u>5/23</u></p> <p>67 Landlord/Agent _____ Date _____</p>	<p style="text-align: center;">MOVE OUT INSPECTION</p> <p>Inspection results hereby accepted.</p> <p>Total \$ _____</p> <p>68 Tenant _____ Date _____</p> <p>69 Tenant _____ Date _____</p> <p>70 Tenant _____ Date _____</p> <p>71 Landlord/Agent _____ Date _____</p>
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68 **When To Use:** Landlord shall give a new residential tenant a check-in sheet. Tenant may use the check-in sheet to make comments, if any, about the condition
 69 of the premises, and must return the sheet to landlord within 7 days from the date tenant commences occupancy.
 70 Wis. Stat. § 704.08

Maintenance Request Form

5/23/21
Date
ALEXUS ALAMAN
Name
1325 JACKSON ST
Street address Unit number, if any
La Crosse, WI 54601
City/state/zip code
[Redacted]
Home phone Work or alternate phone
[Redacted]
Email address

Service/Repair Requested: (Describe very specifically nature of damage or repair needed including room location, e.g. upstairs southwest bedroom, master bathroom sink, etc.)

Basement washer does not run
water doesn't fill and cycle doesn't
continue

ok
Issue repaired

Additional emergency:
Bathroom trim next to the tub is
rotted and exposed. (No rotted trim)

Report of action taken:

Unable to complete on _____, because _____
Outside professional assistance required, because _____
Will return to complete on _____

Charge cost to Tenant: ____ Yes ____ No If Yes, Reason _____

Comments: _____

Received: _____ Date _____ Owner/Agent _____

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Please mail this form to Shawn McTaggart, PO Box 863, West Salem, WI 54669 or email to mctaggartmanagement@gmail.com. Forms are available via email or mail upon request.

Maintenance Request Form

~~12/16/21~~ 12/16/21

Date: ~~12/16/21~~ 12/16/21
Name: Alexis Atum

Street address: 1315 Jackson St
City/State/Zip code: La Crosse, WI 54601

Home phone: [Redacted] Work or alternate phone: [Redacted]

E-mail address: [Redacted]

Service/Repair Requested: (Describe very specifically nature of damage or repair needed including room location, e.g. upstairs southwest bedroom, master bathroom sink, etc.)

Window in livingroom (right side)
has a crack/damage
- Cold wind causes a crackling sound
- Bad draft

*Issue addressed
12/29/21
S*

Report of action taken:

Unable to complete on _____ because _____
Outside professional assistance required, because _____
Will return to complete on _____

Charge cost to Tenant: Yes No If Yes, Reason _____

Comments: _____

Received _____ Date _____ Owner Agent _____

Please mail this form to Shawn McTaggart, PO Box 853, West Salem, WI 54669 or email to mcgarttaggartmanagement@gmail.com. Forms are available via email or mail upon request.

Maintenance Request Form

Date: 1/16/11
Name: Alexus Aleman
Street Address: 1325 Jackson St
City/State: La Crosse, WI 54601
Unit number, if any: [redacted]
Home phone: [redacted] Work or alternate phone: [redacted]
Email address: [redacted]

Service/Repair Requested (Describe very specifically nature of damage or repair needed including room location, e.g. upstairs southwest bedroom, master bathroom sink, etc.)

Toilet: Flush is currently manual
due to mansfield handle snapping
and tower top cap is also broken.

*Issue addressed
12-29-11*

Report of action taken:

Unable to complete on _____ because _____
Outside professional assistance required, because _____
Will return to complete on _____

Charge cost to Tenant: Yes No If Yes, Reason _____

Comments _____

Received _____

Date _____

Owner/Agent _____

Please mail this form to Shawn McTaggart, PO Box 863, West Salem, WI 54689 or email to mcTaggart@management@gsd.com. Forms are available via email or mail upon request.

Maintenance Request Form

5/23/21
Date
ALEXUS HUMAN
Name
1325 JACKSON ST
Street address Unit number, if any
La Crosse, WI 54601
City/state/zip code
[Redacted]
Home phone Work or alternate phone
[Redacted]
Email address

Service/Repair Requested: (Describe very specifically nature of damage or repair needed including room location, e.g. upstairs southwest bedroom, master bathroom sink, etc.)

Basement washer does not run
Water doesn't fill and cycle doesn't
continue

Additional emergency:

Bathroom trim next to the tub is
rotted and exposed. (No rotted trim)

Report of action taken:

___ Unable to complete on _____, because _____
___ Outside professional assistance required, because _____
___ Will return to complete on _____

Charge cost to Tenant: ___ Yes ___ No If Yes, Reason _____

Comments: _____

Received: _____ Date _____ Owner/Agent _____

Please mail this form to Shawn McTaggart, PO Box 863, West Salem, WI 54669 or email to mctaggartmanagement@gmail.com. Forms are available via email or mail upon request.

Shaw repaired

OK

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