

Electrical Fixtures
Dishwasher
Other

## **Residential Tenancies Tribunal**

The Residential Tenancies Act

## **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.

				. Each party should retai	ii one copy as	a permanen	recora.			Please Pr
		INFORMATION	N		First and Middle Names					
Last Name / Company Name					First and Middle Names					
Conta	act Name	e for Landlord			J					
ndlord's	Addross /	A d duana	d			d		-1		
Indlord's Address (Address where documents can be given personally, left for, for Apt./Site # Street # and Street Name					Municipality Prov. Postal Code					
лрил	Apt./Site # Street # and Street Name							. Postarc	oue	
Daytime phone # Other phone #					Fax # for service of documents En			Email		
TEN	IANT'S II	NFORMATION								
Tena	nt's Info	rmation:	Last Nan	ne	First and Middle Names					
Tenai	nt's Addre	SS (Address who	ere documents can	be given personally, left fo	or, faxed, e-m	ailed or maile	ed to effect se	rvice)		
Apt./	Site #	Street # and	Street Name		Municipality			Prov	/. Postal C	ode
Dayti	ime phor	ne #		Other phone #			Email			
Addre	ess of the	Premises	rental unit or	mobile home site						
Apt./Site # Street # and Street Name				Municipality Prov. Postal Code NB						
Tenai	ncy Bega Year	an <i>Mon</i>	th Day	Door Keys Issued Year	Month	Day	Mail Box K Yea	eys Issued	Month	Day
Tenar	ncy Ende	ed	-	Door Keys Returne	ed Mail Box			Keys Return		
	Year	Mon	th Day	Year	Month	Day		Year Month		Day
Tonar	nt's Forw	ardina Δddress	Upon Termination of	of Tenancy						
		,		or rename y	Municipal	itv		Prov	/. Postal C	ode.
Apt./Site # Street # and Street Name				Wurnerpanty					oue	
Davti	Daytime phone #				Other phone #					
<i>-</i> ,	ро.					one n				
		Tenant(s) s	hould advise th	e Residential Tenan	cies Tribun	al immedi	ately of an	y change	of addres	SS.
			OK	IN (Describe Condi		OK		(Describe		
	Coiling		OII.	Try (Describe condi	tions	OIX	001	(Describe	Contaition	3)
	Ceiling Walls									
	Curtain	S								
	Floor									
Kitchen	Cupboa	ards								
	Counte	r Top								
	Stove									
	Refrige	rator								
	Sink									

		OK	IN (Describe Condi	tions)	OK	OUT (	Describe Con	ditions)
mon	Ceiling							
	Walls							
	Drapes							
	Floor / Carpet							
g Rc	Furniture							
n Living Room	Electrical Fixtures							
	Furniture							
	Other							
	Ceiling							
	Walls							
	Drapes							
00	Floor / Carpet							
edr	Closets							
ter E	Electrical Fixtures							
Master Bedroom	Furniture							
	Other							
	Ceiling Walls							
ے	Drapes							
00	Floor / Carpet							
sedr	Closets							
ng E	Electrical Fixtures							
Second Bedroom	Furniture							
	Other							
+								
	Ceiling Walls							
	Curtains							
ے	Floor							
00								
Bath Room	Sink / Vanity Bathtub / Shower							
Ba	Toilet							
	Electrical Fixtures							
	Other							
	Stairs / Stairwell							
	Ceiling							
Ħ	Walls							
me	Flooring							
Basement	Plumbing							
_	Other							
General								
	Windows / Screens							
	Balcony Garage							
	Parking							
	Other							
gy .								
Spac	Notes:							
Yard Space								
IN	atio Ciamatura			OUT				
	nt's Signature							
	ord's Signature			Landlord's Signature				
Date	Year	Month	Dav					

## Additional Information

 Website:
 www.snb.ca/irent

 Email:
 irent@snb.ca

 Phone:
 1-888-762-8600

 Fax:
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