Date:		
I / We:		
	located at	
	, CA Zip:	
on or before	20	
I / We would like to schedule the I	NITIAL walk-through on	, (within the last two
	FINAL walk-through on	
, , , , , , , , , , , , , , , , , , ,		
Resident's Signature:		
Resident's Signature:		
Resident' Phone #		
FOR MANAGEMENT USE ON	LY	
Accepted By:		
Date Received:		
Scheduled Date of Initial Walk-Th	rough:	
Scheduled Date of Final Walk-Th	rough:	
Signature Landlord/Manager:		_