

DEAR TENANTS,

We would like to take this opportunity to welcome you! We would also like to provide you with the following reminders pertaining to the terms of your lease.

****IMPORTANT****

UTILITIES FOR WHICH THE TENANT IS RESPONSIBLE FOR SHOULD BE IN THE TENANT'S NAME PRIOR TO OCCUPANCY. UTILITIES NOT SWITCHED MAY BE DISCONNECTED WITHOUT NOTICE.

NO MOVE-INS/MOVE-OUTS BETWEEN 6PM AND 8AM DAILY

Check-in procedures:

Check-in lists should be returned to us within 3 days of moving in. If we have not received an inspection checklist from you, we will assume that there are no defects in your apartment. These lists help track consistent maintenance problems. If you have not completed a checklist or would like a copy of what you have submitted, please contact River City Property Management.

Parking Assignments:

We will be maintaining a list of vehicle descriptions and license plate numbers for the cars assigned to specific parking places. Please provide us with a description of your vehicle within one week of your move-in date. If you have problems with someone parking in your stall, please leave them a note and notify us of the situation.

We suggest keeping all doors and bikes locked at all time. ***Bicycles are not allowed in the apartments.***

Maintenance:

If you have a repair that needs to be done, please let us know. We would like to be informed of even minor problems before they become worse. Reporting of problems also protects you. All repairs will be prioritized by the management and we will attend to those we feel necessary as soon as we are able.

For **GENERAL** maintenance requests call 887-2187.

For maintenance **EMERGENCIES** page Bob Nauman at 358-3933.

For any gas emergencies, please contact your gas provider.

Tenants' Responsibilities:

Please conduct yourself in a manner that will not disturb a neighbor's enjoyment of the premises. This includes, but is not limited to the following:

- A. Laundry facilities - Please only do laundry between 7:00 a.m. and 10:30 p.m. There are tenants on either side of laundry facilities and I ask that you use your sound judgment in the use of the facilities. Please clean dryer filters after every use.
- B. Conscientious use of stereos, televisions, vacuums, etc. Noise carries easily in a complex such as ours, so please be courteous.
- C. As per your lease, "tenants shall not deliberately or negligently destroy, deface, damage, impair or remove part of the premises or knowingly let another person do so." You are responsible for the behavior of your guests and their activities while here. Please act accordingly.

Rental Payments:

Rent is due the 1st of every month, in the form of **one check** per apartment. Please deliver to River City Property Management at 1550 S. Gilbert Street, Iowa City, Iowa 52240. A late charge will be assessed for any rent received after 5:00 p.m. on the 3rd day of each month.

Vacations, School Breaks, etc.:

If you plan to leave for an extended period of time, please let us know in case an emergency arises.

Please do not hesitate to call us with any suggestions or complaints. We also have a drop box located outside the front of the building for after hour drop offs. We look forward to having you as one of our tenants.

MOVE IN SHEET

Address: _____ **Unit** _____

City/St: _____

KITCHEN

Satisfactory	Unsatisfactory (see remarks)	REMARKS
<input type="checkbox"/>	<input type="checkbox"/>	Pantry/Closet _____
<input type="checkbox"/>	<input type="checkbox"/>	Walls _____
<input type="checkbox"/>	<input type="checkbox"/>	Switch/Outlet Covers _____
<input type="checkbox"/>	<input type="checkbox"/>	Ceiling _____
<input type="checkbox"/>	<input type="checkbox"/>	Replace light bulb _____
<input type="checkbox"/>	<input type="checkbox"/>	Light fixture _____
<input type="checkbox"/>	<input type="checkbox"/>	Floors sweep/mop _____
<input type="checkbox"/>	<input type="checkbox"/>	Windows _____
<input type="checkbox"/>	<input type="checkbox"/>	-inside/outside/sills _____
<input type="checkbox"/>	<input type="checkbox"/>	Blinds/Curtains _____
<input type="checkbox"/>	<input type="checkbox"/>	Cabinets- interior/exterior/drawers _____
<input type="checkbox"/>	<input type="checkbox"/>	Microwave _____
<input type="checkbox"/>	<input type="checkbox"/>	- exterior/interior _____
<input type="checkbox"/>	<input type="checkbox"/>	Counter tops/splash _____
<input type="checkbox"/>	<input type="checkbox"/>	Sink/Faucet _____
<input type="checkbox"/>	<input type="checkbox"/>	Stove/Brand _____
<input type="checkbox"/>	<input type="checkbox"/>	- top _____
<input type="checkbox"/>	<input type="checkbox"/>	- drip pans wash/replace _____
<input type="checkbox"/>	<input type="checkbox"/>	- under top _____
<input type="checkbox"/>	<input type="checkbox"/>	- knobs/back _____
<input type="checkbox"/>	<input type="checkbox"/>	- oven _____
<input type="checkbox"/>	<input type="checkbox"/>	- door _____
<input type="checkbox"/>	<input type="checkbox"/>	- racks _____
<input type="checkbox"/>	<input type="checkbox"/>	- replace light bulb _____
<input type="checkbox"/>	<input type="checkbox"/>	- drawer _____
<input type="checkbox"/>	<input type="checkbox"/>	- floor under stove _____
<input type="checkbox"/>	<input type="checkbox"/>	- broiler pan _____
<input type="checkbox"/>	<input type="checkbox"/>	Hood Vent _____
<input type="checkbox"/>	<input type="checkbox"/>	- exterior/filter _____
<input type="checkbox"/>	<input type="checkbox"/>	- replace light bulb _____
<input type="checkbox"/>	<input type="checkbox"/>	Refrigerator Model _____
<input type="checkbox"/>	<input type="checkbox"/>	- defrost _____
<input type="checkbox"/>	<input type="checkbox"/>	- inside/fresh food/freezer _____
<input type="checkbox"/>	<input type="checkbox"/>	- front/top/sides _____
<input type="checkbox"/>	<input type="checkbox"/>	- replace light bulb _____
<input type="checkbox"/>	<input type="checkbox"/>	Dishwasher door _____
<input type="checkbox"/>	<input type="checkbox"/>	Dusting High/Low _____
<input type="checkbox"/>	<input type="checkbox"/>	Vent/Register Covers _____
<input type="checkbox"/>	<input type="checkbox"/>	Garbage Disposal _____
<input type="checkbox"/>	<input type="checkbox"/>	_____

DINING AREA

Satisfactory	Unsatisfactory (see remarks)	REMARKS
<input type="checkbox"/>	<input type="checkbox"/>	Walls _____
<input type="checkbox"/>	<input type="checkbox"/>	Switch/Outlet covers _____
<input type="checkbox"/>	<input type="checkbox"/>	Ceiling _____
<input type="checkbox"/>	<input type="checkbox"/>	Replace light bulb _____
<input type="checkbox"/>	<input type="checkbox"/>	Light fixture _____
<input type="checkbox"/>	<input type="checkbox"/>	Carpet vacuum/edge _____
<input type="checkbox"/>	<input type="checkbox"/>	Sweep/mop _____
<input type="checkbox"/>	<input type="checkbox"/>	Windows _____
<input type="checkbox"/>	<input type="checkbox"/>	inside/outside _____
<input type="checkbox"/>	<input type="checkbox"/>	sills/sashes/tracks _____
<input type="checkbox"/>	<input type="checkbox"/>	Blinds/Curtains _____
<input type="checkbox"/>	<input type="checkbox"/>	Doors _____
<input type="checkbox"/>	<input type="checkbox"/>	Dusting High/Low _____
<input type="checkbox"/>	<input type="checkbox"/>	Vent/Register Covers _____
<input type="checkbox"/>	<input type="checkbox"/>	_____

ENTRY/FOYER

Satisfactory	Unsatisfactory (see remarks)	REMARKS
<input type="checkbox"/>	<input type="checkbox"/>	Closet _____
<input type="checkbox"/>	<input type="checkbox"/>	Walls _____
<input type="checkbox"/>	<input type="checkbox"/>	Switch/Outlet Covers _____
<input type="checkbox"/>	<input type="checkbox"/>	Ceiling _____
<input type="checkbox"/>	<input type="checkbox"/>	Light fixture _____
<input type="checkbox"/>	<input type="checkbox"/>	Sweep/mop _____
<input type="checkbox"/>	<input type="checkbox"/>	Carpet vacuum/edge _____
<input type="checkbox"/>	<input type="checkbox"/>	Windows _____
<input type="checkbox"/>	<input type="checkbox"/>	inside/outside _____
<input type="checkbox"/>	<input type="checkbox"/>	sills/sashes/tracks _____
<input type="checkbox"/>	<input type="checkbox"/>	Curtains/blinds _____
<input type="checkbox"/>	<input type="checkbox"/>	_____

LIVING ROOM

Satisfactory	Unsatisfactory (see remarks)	REMARKS
<input type="checkbox"/>	<input type="checkbox"/>	Walls _____
<input type="checkbox"/>	<input type="checkbox"/>	Switch/Outlet covers _____
<input type="checkbox"/>	<input type="checkbox"/>	Ceiling _____
<input type="checkbox"/>	<input type="checkbox"/>	Closet _____
<input type="checkbox"/>	<input type="checkbox"/>	Replace light bulb _____
<input type="checkbox"/>	<input type="checkbox"/>	Light fixture _____
<input type="checkbox"/>	<input type="checkbox"/>	Carpet vacuum/edge _____
<input type="checkbox"/>	<input type="checkbox"/>	Fireplace _____
<input type="checkbox"/>	<input type="checkbox"/>	Windows _____
<input type="checkbox"/>	<input type="checkbox"/>	inside/outside _____
<input type="checkbox"/>	<input type="checkbox"/>	sills/sashes/tracks _____
<input type="checkbox"/>	<input type="checkbox"/>	Blinds/Curtains _____
<input type="checkbox"/>	<input type="checkbox"/>	Doors _____
<input type="checkbox"/>	<input type="checkbox"/>	Dusting High/Low _____
<input type="checkbox"/>	<input type="checkbox"/>	Vent/Register Covers _____
<input type="checkbox"/>	<input type="checkbox"/>	_____

FAMILY ROOM

Satisfactory	Unsatisfactory (see remarks)	REMARKS
<input type="checkbox"/>	<input type="checkbox"/>	Walls _____
<input type="checkbox"/>	<input type="checkbox"/>	Switch/Outlet covers _____
<input type="checkbox"/>	<input type="checkbox"/>	Ceiling _____
<input type="checkbox"/>	<input type="checkbox"/>	Closet _____
<input type="checkbox"/>	<input type="checkbox"/>	Replace light bulb _____
<input type="checkbox"/>	<input type="checkbox"/>	Light fixture _____
<input type="checkbox"/>	<input type="checkbox"/>	Carpet vacuum/edge _____
<input type="checkbox"/>	<input type="checkbox"/>	Fireplace _____
<input type="checkbox"/>	<input type="checkbox"/>	Windows _____
<input type="checkbox"/>	<input type="checkbox"/>	inside/outside _____
<input type="checkbox"/>	<input type="checkbox"/>	sills/sashes/tracks _____
<input type="checkbox"/>	<input type="checkbox"/>	Blinds/Curtains _____
<input type="checkbox"/>	<input type="checkbox"/>	Doors _____
<input type="checkbox"/>	<input type="checkbox"/>	Dusting High/Low _____
<input type="checkbox"/>	<input type="checkbox"/>	Vent/Register Covers _____
<input type="checkbox"/>	<input type="checkbox"/>	_____

HALL UP/DOWN

Satisfactory	Unsatisfactory (see remarks)	REMARKS
<input type="checkbox"/>	<input type="checkbox"/>	Closet _____
<input type="checkbox"/>	<input type="checkbox"/>	- shelves _____
<input type="checkbox"/>	<input type="checkbox"/>	Walls _____
<input type="checkbox"/>	<input type="checkbox"/>	Switch/Outlet covers _____
<input type="checkbox"/>	<input type="checkbox"/>	Light fixture _____
<input type="checkbox"/>	<input type="checkbox"/>	Replace light bulb _____
<input type="checkbox"/>	<input type="checkbox"/>	Carpet vacuum/edge _____
<input type="checkbox"/>	<input type="checkbox"/>	Dusting High/Low _____
<input type="checkbox"/>	<input type="checkbox"/>	Vent/Register Covers _____
<input type="checkbox"/>	<input type="checkbox"/>	_____

STAIRS UP/DOWN

Satisfactory	Unsatisfactory (see remarks)	REMARKS
<input type="checkbox"/>	<input type="checkbox"/>	Walls _____
<input type="checkbox"/>	<input type="checkbox"/>	Handrail _____
<input type="checkbox"/>	<input type="checkbox"/>	Switch/Outlet covers _____
<input type="checkbox"/>	<input type="checkbox"/>	Light fixture _____
<input type="checkbox"/>	<input type="checkbox"/>	Replace light bulb _____
<input type="checkbox"/>	<input type="checkbox"/>	Carpet vacuum/edge _____
<input type="checkbox"/>	<input type="checkbox"/>	Dusting High/Low _____
<input type="checkbox"/>	<input type="checkbox"/>	Vent/Register Covers _____
<input type="checkbox"/>	<input type="checkbox"/>	_____

BATH 1

Satisfactory

Unsatisfactory
(see remarks)

REMARKS

<input type="checkbox"/>	<input type="checkbox"/>	Walls _____
<input type="checkbox"/>	<input type="checkbox"/>	Switch/Outlet covers _____
<input type="checkbox"/>	<input type="checkbox"/>	Ceiling _____
<input type="checkbox"/>	<input type="checkbox"/>	Replace light bulbs _____
<input type="checkbox"/>	<input type="checkbox"/>	Light fixtures _____
<input type="checkbox"/>	<input type="checkbox"/>	Sweep/mop _____
<input type="checkbox"/>	<input type="checkbox"/>	Sink/faucet _____
<input type="checkbox"/>	<input type="checkbox"/>	Lav. Top _____
<input type="checkbox"/>	<input type="checkbox"/>	Mirror _____
<input type="checkbox"/>	<input type="checkbox"/>	Med. Cabinet _____
<input type="checkbox"/>	<input type="checkbox"/>	Vanity-inside/outside _____
<input type="checkbox"/>	<input type="checkbox"/>	Drawers/doors _____
<input type="checkbox"/>	<input type="checkbox"/>	-inside/outside _____
<input type="checkbox"/>	<input type="checkbox"/>	Toilet _____
<input type="checkbox"/>	<input type="checkbox"/>	T.P. Holder/towel bars _____
<input type="checkbox"/>	<input type="checkbox"/>	Tub/Surround _____
<input type="checkbox"/>	<input type="checkbox"/>	Shower/bath Doors _____
<input type="checkbox"/>	<input type="checkbox"/>	Linen Closet _____
<input type="checkbox"/>	<input type="checkbox"/>	- shelves/door _____
<input type="checkbox"/>	<input type="checkbox"/>	Bath Door _____
<input type="checkbox"/>	<input type="checkbox"/>	Dusting _____
<input type="checkbox"/>	<input type="checkbox"/>	Fan Cover _____
<input type="checkbox"/>	<input type="checkbox"/>	Vent/Register Covers _____
<input type="checkbox"/>	<input type="checkbox"/>	_____

BATH 2

Satisfactory

Unsatisfactory
(see remarks)

REMARKS

<input type="checkbox"/>	<input type="checkbox"/>	Walls _____
<input type="checkbox"/>	<input type="checkbox"/>	Switch/Outlet covers _____
<input type="checkbox"/>	<input type="checkbox"/>	Ceiling _____
<input type="checkbox"/>	<input type="checkbox"/>	Replace light bulbs _____
<input type="checkbox"/>	<input type="checkbox"/>	Light fixtures _____
<input type="checkbox"/>	<input type="checkbox"/>	Floor sweep/mop _____
<input type="checkbox"/>	<input type="checkbox"/>	Sink/faucet _____
<input type="checkbox"/>	<input type="checkbox"/>	Lav. Top _____
<input type="checkbox"/>	<input type="checkbox"/>	Mirror _____
<input type="checkbox"/>	<input type="checkbox"/>	Med. Cabinet _____
<input type="checkbox"/>	<input type="checkbox"/>	Vanity-inside/outside _____
<input type="checkbox"/>	<input type="checkbox"/>	Drawers/doors _____
<input type="checkbox"/>	<input type="checkbox"/>	-inside/outside _____
<input type="checkbox"/>	<input type="checkbox"/>	Toilet _____
<input type="checkbox"/>	<input type="checkbox"/>	T.P. Holder/towel bars _____
<input type="checkbox"/>	<input type="checkbox"/>	Tub/Surround _____
<input type="checkbox"/>	<input type="checkbox"/>	Shower/bath Doors _____
<input type="checkbox"/>	<input type="checkbox"/>	Linen Closet _____
<input type="checkbox"/>	<input type="checkbox"/>	- shelves/door _____
<input type="checkbox"/>	<input type="checkbox"/>	Bath Door _____
<input type="checkbox"/>	<input type="checkbox"/>	Dusting _____
<input type="checkbox"/>	<input type="checkbox"/>	Fan Cover _____
<input type="checkbox"/>	<input type="checkbox"/>	Vent/Register Covers _____
<input type="checkbox"/>	<input type="checkbox"/>	_____

BEDROOM 1 _____

Satisfactory

Unsatisfactory

REMARKS

(see remarks)

<input type="checkbox"/>	<input type="checkbox"/>	Walls	_____
<input type="checkbox"/>	<input type="checkbox"/>	Switch/Outlet covers	_____
<input type="checkbox"/>	<input type="checkbox"/>	Ceiling	_____
<input type="checkbox"/>	<input type="checkbox"/>	Replace light bulbs	_____
<input type="checkbox"/>	<input type="checkbox"/>	Light fixture	_____
<input type="checkbox"/>	<input type="checkbox"/>	Carpet vacuum/edge	_____
<input type="checkbox"/>	<input type="checkbox"/>	Closet	_____
<input type="checkbox"/>	<input type="checkbox"/>	Windows	_____
<input type="checkbox"/>	<input type="checkbox"/>	inside/outside	_____
<input type="checkbox"/>	<input type="checkbox"/>	sills/sashes/tracks	_____
<input type="checkbox"/>	<input type="checkbox"/>	Blinds/Curtains	_____
<input type="checkbox"/>	<input type="checkbox"/>	Bedroom door	_____
<input type="checkbox"/>	<input type="checkbox"/>	Dusting high/low	_____
<input type="checkbox"/>	<input type="checkbox"/>	Vent/Register Covers	_____
<input type="checkbox"/>	<input type="checkbox"/>		_____

BEDROOM 2 _____

Satisfactory

Unsatisfactory

REMARKS

(see remarks)

<input type="checkbox"/>	<input type="checkbox"/>	Walls	_____
<input type="checkbox"/>	<input type="checkbox"/>	Switch/Outlet covers	_____
<input type="checkbox"/>	<input type="checkbox"/>	Ceiling	_____
<input type="checkbox"/>	<input type="checkbox"/>	Replace light bulbs	_____
<input type="checkbox"/>	<input type="checkbox"/>	Light fixture	_____
<input type="checkbox"/>	<input type="checkbox"/>	Carpet vacuum/edge	_____
<input type="checkbox"/>	<input type="checkbox"/>	Closet	_____
<input type="checkbox"/>	<input type="checkbox"/>	Windows	_____
<input type="checkbox"/>	<input type="checkbox"/>	inside/outside	_____
<input type="checkbox"/>	<input type="checkbox"/>	sills/sashes/tracks	_____
<input type="checkbox"/>	<input type="checkbox"/>	Blinds/Curtains	_____
<input type="checkbox"/>	<input type="checkbox"/>	Bedroom door	_____
<input type="checkbox"/>	<input type="checkbox"/>	Dusting high/low	_____
<input type="checkbox"/>	<input type="checkbox"/>	Vent/Register Covers	_____
<input type="checkbox"/>	<input type="checkbox"/>		_____

BEDROOM 3 _____

Satisfactory

Unsatisfactory

REMARKS

<input type="checkbox"/>	<input type="checkbox"/>	Walls	_____
<input type="checkbox"/>	<input type="checkbox"/>	Switch/Outlet covers	_____
<input type="checkbox"/>	<input type="checkbox"/>	Ceiling	_____
<input type="checkbox"/>	<input type="checkbox"/>	Replace light bulbs	_____
<input type="checkbox"/>	<input type="checkbox"/>	Light fixture	_____
<input type="checkbox"/>	<input type="checkbox"/>	Carpet vacuum/edge	_____
<input type="checkbox"/>	<input type="checkbox"/>	Closet	_____
<input type="checkbox"/>	<input type="checkbox"/>	Windows	_____
<input type="checkbox"/>	<input type="checkbox"/>	inside/outside	_____
<input type="checkbox"/>	<input type="checkbox"/>	sills/sashes/tracks	_____
<input type="checkbox"/>	<input type="checkbox"/>	Blinds/Curtains	_____
<input type="checkbox"/>	<input type="checkbox"/>	Bedroom door	_____
<input type="checkbox"/>	<input type="checkbox"/>	Dusting high/low	_____
<input type="checkbox"/>	<input type="checkbox"/>	Vent/Register Covers	_____
<input type="checkbox"/>	<input type="checkbox"/>		_____

UTILITY

Satisfactory

Unsatisfactory
(see remarks)

REMARKS

- Furnace _____
- replace filter _____
- AC Unit _____
- grill _____
- filter _____
- Sweep/Mop floors _____
- Dusting High/Low _____
- Replace light bulbs _____
- Vent/Register Covers _____
- Fire Extinguisher _____
- _____

LAUNDRY

Satisfactory

Unsatisfactory
(see remarks)

REMARKS

- Washer top/front _____
- Dryer top/front _____
- Dusting high/low _____
- Shelves _____
- Replace light bulbs _____
- Light fixture _____
- Sweep/Mop floors _____
- Switch/Outlet covers _____
- Vent/Register covers _____
- _____

DECK/PATIO

Satisfactory

Unsatisfactory
(see remarks)

REMARKS

- _____
- _____

GARAGE / STORAGE CLOSET

Satisfactory

Unsatisfactory
(see remarks)

REMARKS

- Misc. material _____
- Floor _____
- Garage Operator Left in unit? Yes ___ no ___
- Recycling containers? Yes ___ no ___
- _____

SMOKE DETECTORS/MISCELLANEOUS

Satisfactory

Unsatisfactory
(see remarks)

REMARKS

- _____
- _____