



# Republic Plaza

## TENANT MOVE-OUT CHECK LIST

TENANT: \_\_\_\_\_

SUITE: \_\_\_\_\_ DATE: \_\_\_\_\_

MOVE OUT DATE: \_\_\_\_\_  
Tentative Final

Forwarding Address: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

New Phone: \_\_\_\_\_

|                      |                          |                          |          |
|----------------------|--------------------------|--------------------------|----------|
|                      | Y                        | N                        | Amount   |
| Outstanding Changes: | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |

|                      |                          |                          |          |
|----------------------|--------------------------|--------------------------|----------|
|                      | Y                        | N                        | Amount   |
| Outstanding Credits: | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |

|                   |                          |                          |  |
|-------------------|--------------------------|--------------------------|--|
| Notified Vendors: | Y                        | N                        |  |
| Newspaper:        | <input type="checkbox"/> | <input type="checkbox"/> |  |

|        |                          |                          |  |
|--------|--------------------------|--------------------------|--|
| Water: | <input type="checkbox"/> | <input type="checkbox"/> |  |
|--------|--------------------------|--------------------------|--|

|         |                          |                          |  |
|---------|--------------------------|--------------------------|--|
| Plants: | <input type="checkbox"/> | <input type="checkbox"/> |  |
|---------|--------------------------|--------------------------|--|

|              |                          |                          |  |
|--------------|--------------------------|--------------------------|--|
| Other: _____ | <input type="checkbox"/> | <input type="checkbox"/> |  |
|--------------|--------------------------|--------------------------|--|

|                         |                          |                          |  |
|-------------------------|--------------------------|--------------------------|--|
|                         | Y                        | N                        |  |
| Returned Security Keys: | <input type="checkbox"/> | <input type="checkbox"/> |  |

|                      |                          |                          |  |
|----------------------|--------------------------|--------------------------|--|
|                      | Y                        | N                        |  |
| Returned Brass Keys: | <input type="checkbox"/> | <input type="checkbox"/> |  |

|                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--|
| <b>Moving Insurance:</b> | Y                        | N                        |  |
|                          | <input type="checkbox"/> | <input type="checkbox"/> |  |

Contractor: \_\_\_\_\_ Certificate

