

**LOFGREN PROPERTIES LLC**  
**CHECK-IN**

**Instructions for Check-In:**

1. **Your first full month's rent is due on August 15<sup>th</sup>.** Always include your name, address and apartment number on the envelope and check. Then the next payment will be due September 15<sup>th</sup>.

Mail rent checks to:

**Lofgren Properties**

**P O Box 6473**

**Madison WI 53716-6473**

I do have Zelle, Apple Pay and a Venmo account you may use.

**Include your apt address and number in the payment notes, on check or on envelope.**

2. If you pay gas and/or electricity, call Madison Gas and Electric to put the service in your name. **#608-252-7222**

[MGE](#)

3. I recommend you contact an insurance agent and get "Renter's Insurance" for all your belongings. This will protect your personal belongings from fire and theft. Usually, you can get this through your parent's insurance company.

4. Return the check-in form by August 30<sup>th</sup> to Lofgren Properties.

5. Garbage Day is Thursday morning-please have your trash out Wednesday night or early Thursday morning.

6. Please label your mailbox with your name.

**P O BOX 6473 • MADISON WI • 53716-6473**  
**PHONE: (608) 222-0365 OR 347-0365 •**  
**WEBSITE: LOFGRENPROPERTIES.COM**

**LOFGREN PROPERTIES LLC  
CHECK IN FORM**

Resident Name(s) \_\_\_\_\_  
Resident Name(s) \_\_\_\_\_  
Apartment Address \_\_\_\_\_ Apt. Number \_\_\_\_\_  
Date Moved In- \_\_\_\_\_ **Phone Number** \_\_\_\_\_  
Email \_\_\_\_\_

Please complete and return this form within 7 days. Please explain each defective item or mark it with an X. Please remember to sign the bottom.

**KITCHEN**

\_\_\_ Stove  
\_\_\_ Burners  
\_\_\_ Range Hood  
\_\_\_ Refrigerator (inside and outside)  
\_\_\_ Dishwasher  
\_\_\_ Disposal  
\_\_\_ Sink/faucets  
\_\_\_ Countertops  
\_\_\_ Cabinet shelves and drawers  
\_\_\_ Light fixtures  
\_\_\_ Floor  
\_\_\_ Misc.  
\_\_\_ Walls/Ceiling

**LIVING ROOM**

\_\_\_ Light fixtures  
\_\_\_ Radiators  
\_\_\_ Closet doors/shelves  
\_\_\_ Walls/Ceiling  
\_\_\_ Flooring  
\_\_\_ Windows/Patio Door

\_\_\_ Air Conditioner

**DINING ROOM**

\_\_\_ Light fixtures  
\_\_\_ Walls/Ceiling  
\_\_\_ Flooring  
\_\_\_ Closet doors/shelves

**STORAGE UNIT**

\_\_\_ Light fixture  
\_\_\_ Clean, swept, empty

**MISCELLANEOUS**

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

**BATHROOM**

\_\_\_ Sink  
\_\_\_ Toilet  
\_\_\_ Medicine Cabinet  
\_\_\_ Tub/Shower  
\_\_\_ Mirror  
\_\_\_ Light fixtures  
\_\_\_ Cabinet shelves and drawers  
\_\_\_ Walls/Ceiling

**BEDROOM**

\_\_\_ Light fixture  
\_\_\_ Closet doors and shelves

\_\_\_ Radiators  
\_\_\_ Walls/Ceiling  
\_\_\_ Flooring

**BEDROOM**

\_\_\_ Light fixtures  
\_\_\_ Closet doors and shelves

\_\_\_ Radiators  
\_\_\_ Walls/Ceiling  
\_\_\_ Flooring

**BEDROOM**

\_\_\_ Light fixtures  
\_\_\_ Closet doors and shelves

\_\_\_ Radiators  
\_\_\_ Walls/Ceiling  
\_\_\_ Flooring

**BEDROOM**

\_\_\_ Light fixtures  
\_\_\_ Closet doors and shelves

\_\_\_ Radiators  
\_\_\_ Walls/Ceiling  
\_\_\_ Flooring

The undersigned has inspected and accepts the condition of this apartment and its equipment.

Lessee: \_\_\_\_\_ Date \_\_\_\_\_ Lessee: \_\_\_\_\_ Date \_\_\_\_\_  
Lessee: \_\_\_\_\_ Date \_\_\_\_\_ Lessee: \_\_\_\_\_ Date \_\_\_\_\_