

LOFGREN PROPERTIES LLC
CHECK-IN

Instructions for Check-In:

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

Mail rent checks to:

Lofgren Properties

P O Box 6473

Madison WI 53716-6473

I do have 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**

www.mge.com

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 30th 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 _____

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