



## ***Move Out Instructions and Standard Charges***

### **INSPECTIONS[PRIVATE]**

Appointments for inspection are made by notifying the Westgate Office at least 24 hours in advance. You may choose to schedule your inspection as much as 30 days in advance to ensure the date and time you prefer.

Inspections are scheduled Monday through Friday from 9:30 A.M. to 4:30 P.M. Inspections are not accepted for scheduling on Saturdays, Sundays, Company, or Legal Holidays.

All of the resident's furniture and personal belongings must be removed from the apartments and the required cleaning done before inspections are made. Resident should be present for the inspection. Please check in at the Westgate Office at scheduled inspection time.

### **KEYS/LAUNDRY CARD/CAR TAG/POOL TAGS**

Keys are to be returned to the Westgate Office after the inspection or given to the inspector. If keys/laundry card/car tag/pool tags are not returned, the following charges apply:

\$25.00/each	Apartment Key
\$50.00/each	Common Hallway Quad Key
\$75.00	Change Locks – No Apartment Keys returned
\$ 5.00/each	Laundry card/Car Tag/Pool Tag

All keys are to be turned into the Westgate Office, do not leave keys in the vacated apartment.

### **SECURITY DEPOSIT**

An itemized accounting of any deductions will be hand-delivered, mailed to Resident, at Resident's last known address, or emailed to Resident, no later than 30 days after surrender except where otherwise provided by statute.

### **UTILITIES**

The resident is responsible for all utilities, as agreed in the lease, from the first day of the lease through and including the last day of the lease liability. Power is to be left on in the apartment for the inspection. Places you may need to notify of your relocation include:

Electric and Gas – Ameren IL (800) 755-5000

Telephone – AT&T (800) 244-4444

Cable – Xfinity/Comcast (217) 384-2500

Post Office - (217) 373-6023

## CLEANING

The following lists cleaning that is required to be completed prior to the final inspection, as well as the charges that will be assigned if the requirements are not adequately met. Any work that is not itemized on this sheet will be done at an hourly rate of \$75.00 plus cost of materials with an hour minimum. These costs are subject to change without notice.

<u>Required Cleaning:</u>		<u>Minimum Charges</u>	
A	Floors: washed, vacuumed and/or shampooed	(a)	Vacuum floors \$20.00/Room Shampoo carpet \$85.00/Unit
B	Clean, grouting, tile~shower surround, fixtures, Vanity and medicine cabinet	(b)	Clean fixtures, medicine cabinet, vanity \$15.00 ea. Clean grouting, tile, shower surround \$30.00 Clean Bathtub \$30.00
C	Wash kitchen cabinets inside and out, Remove all shelf paper, Wash countertops	(c)	Wash kitchen cabinets \$45.00 Clean kitchen countertops \$10.00
D	Clean stove to include top, sides, front, drip pans, beneath drip pans, burners, racks (top and bottom), kick panel, and oven	(d)	Clean inside oven completely \$45.00 Clean stove~ top, sides, front \$35.00 Clean drip pans \$25.00
E	Defrost and wipe out interior and exterior of refrigerator	(e)	Clean refrigerator completely \$45.00
F	Clean kitchen sink and all fixtures	(f)	Clean kitchen sink and fixtures \$10.00
G	All walls and baseboards are to be clean	(g)	Wash down all walls and baseboards \$25.00/room
H	Wash closet walls, shelf, racks, and baseboards	(h)	Clean closet completely \$10.00 each
I	Wash windows and blinds/sheers	(i)	Wash windows & blinds/sheers \$20.00 each
J	Remove all trash. Any large items such as furniture, bicycles, etc. Must be removed entirely from premises prior to inspection	(j)	Carry out trash \$15.00/bag Remove large items \$45.00/item
K	Deflea apartment (if applicable)	(k)	Defleaing apartment \$100.00
L	Deodorizing Carpet	(l)	Deodorizing \$75.00
M	Missing Fire Extinguisher	(m)	Missing Fire Extinguisher \$60.00
N	Williamsburg Door	(n)	Replace \$500.00 Damaged \$150.00

**RESIDENT HEREBY ACKNOWLEDGES RECEIPT OF A COPY OF MOVE-OUT INSTRUCTIONS AND STANDARD CHARGES.**

**Resident (Jointly and Severally):**

_____ Resident	_____ Date
_____ Resident	_____ Date
_____ Resident	_____ Date

**Lessor: WESTGATE APARTMENTS, LLC**

_____ Its Authorized Agent	_____ Date
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