

MONTH _____

DAY _____

RENTAL INSPECTION DAILY LOG

| TIME | ADDRESS | CONTACT NAME | CONTACT NUMBER | NUMBER OF UNITS | COMMENTS |
|-------|---------|--------------|----------------|-----------------|----------|
| 9:00 | | | | | |
| 9:30 | | | | | |
| 10:00 | | | | | |
| 10:30 | | | | | |
| 11:00 | | | | | |
| 11:30 | | | | | |
| 1:00 | | | | | |
| 1:30 | | | | | |
| 2:00 | | | | | |
| 2:30 | | | | | |