



Date and time of appointment: .....

Name and tel. of contact: .....

Address: .....

Transportation near: .....

Rent: .....

Cost of facilities: .....

Square meters: .....

Floor: .....

Elevator: .....

Type of heating: Gas. . . . Electricity. . . . Independent. . . . Central. . . .  
Other. ....

Telephone: Connected . . . . . Internet approved. ....

Washing machine: .....

Oven: .....

Furniture: .....

Best parts: .....

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Worse parts: .....

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