HOME ACCESSIBILITY AND REPAIR PROGRAM

PUNCH LIST

Homeowner: _____

Project Address: _____

Contractor: _____

The following item(s) must be corrected/completed before a final payment will be processed:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Punch List was ☐ hand delivered ☐ mailed to contractor on: _____

_____
CAA Name

_____ _____
Home Repair Technician Signature Date

_____
Home Repair Technician Representative Name