**PUNCH LIST FORM**

****(Attachment to Certificate of Substantial Completion)

Contractor:

Address:

Project No.: Project Name:

Date of Inspection**: Page of**

Attendees:

The following is a list of items to be completed or corrected by the contractor. The failure to include any item on this list does not relieve the contractor of their responsibility to complete all work in accordance with the contract documents.

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| **#** | **Deficiencies** | **Location** | **Responsibility** | **Plan of Action / Status** |
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Prepared By:

**Signatures Required:**

Contractor (print) Representative Signature Date

Architect/Engineer (print) Representative Signature Date

Project Manager (print) Representative Signature Date

Project No.: **Page of**

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| **#** | **Deficiencies** | **Location** | **Responsibility** | **Plan of Action / Status** |
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