HO-17

Content Revised 12/17

INSPECTION OR PUNCHLIST REPORT

			DATE:	
			CASE NO	
OWNER:				
PROPERTY ADDRES	SS:			
DATE INSPECTED:	Month	Day	Year	
GENERAL STATUS	OF WORK:			
DISCREPANCIES NO	OTED (IF ANY):			
SIGNATURE OF REF	HAB COORDINATOR			
DATE				