## HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP)

## **PUNCH LIST**

Agency (CAA):		CAA Tochnicia	un Nama:		
CAA Address:  (Street, City, State, Zip)			CAA Technician Name:  CAA Technician Phone:		
		CAA Technicia			
Applicant Name:			-		
Property:		Contractor:			
	(Street, City, State, Zip)				
The following ite	m(s) must be corrected/complete	ed before a final payment will be	processed		
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Punch List was	nand delivered on:	mailed to contractor on:	emailed to contractor on:	:	
Home Repair Te	echnician Signature	Date			
•	· ·				
Home Repair T	echnician Name	<del></del>			