

Final Walkthrough Punch List

Project Information

Property Address

Date

Client Name

Inspector Name

Punch List Items

#	Room/Location	Description of Issue	Responsible Party	Completed
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Comments

Signatures

Client Signature

Inspector Signature