PUNCH LIST

Date of Substantial Completion Inspection:_____ Date of Punch List Inspection: _____

Project Name.:_____ Project No: _____

Project Location: _____ Contractor's Name: _____

Town of Miami Lakes Representative: _____

Contractor's Representative: _____

Consultant's Representative: _____

Description of Item	Project Manager's Acceptance	Date of Acceptance

Punch List developed and agreed to by:

Project Manager: _____Contractor: _____

Consultant: _____

Form PL

MIAMI LAKES
Growing Beautifully