

WX-16A
(REV. 08/09)

Kentucky Housing Corporation
Department of Design & Construction Review
(Weatherization)

Deficiency Notice:

Applicants Name: _____

Job No. _____

Applicants Address: _____
_____, KY _____

Phone No: () _____ - _____

Date of Post Inspection: _____ Contractor: _____

The Following Items were not Approved upon Post Inspection of above Unit:

ITEM	Deficiency Description(s)
1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____
10	_____

Punch List(s) Must be Completed within Days. 1
Generally not ready for final inspection

Post Inspector Signature

Date Mailed to Contractor:

By: _____
Service Provider Staff

I certify that I have completed all the above items to the best of my ability.

Private Contractor's Signature

Date