WX-16A
(REV. 08/09)

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

Deficiency Notice:

Applicants Name: _____ **Job No.** _____

Applicants Address: _____ **Phone No:** ( ) -
_____ **, KY** _____

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

_____ **Date Mailed to Contractor:**
Post Inspector Signature

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*