

House Punch List

Project Name:

Address:

Date:

Prepared By:

Item #	Location	Description of Issue	Assigned To	Priority (High/Medium/Low)	Due Date	Status (Open/In Progress/Completed)
1	Living Room	Paint touch-up on walls	Painter	High	MM/DD/YYYY	Open
2	Bathroom	Replace cracked mirror	Glazier	Medium	MM/DD/YYYY	In Progress
3	Garage	Adjust garage door alignment	Technician	High	MM/DD/YYYY	Open
4	Garden	Trim overgrown hedges	Landscape	Low	MM/DD/YYYY	Completed