

Apartment Punch List

Project Name:

Unit Number:

Date:

Prepared By:

Item #	Location	Description of Issue	Assigned To	Priority (High/Med/Low)	Due Date	Status (Open/In Progress/Completed)
1	Kitchen	Replace faucet	Plumber	High	MM/DD/YYYY	Open
2	Bedroom 1	Repair chipped baseboard	Carpenter	Medium	MM/DD/YYYY	In Progress
3	Balcony	Replace cracked floor tile	Tiler	Low	MM/DD/YYYY	Open
4	Living Room	Fix light switch cover	Electrician	Low	MM/DD/YYYY	Completed