**Rehab/Turnover Punchlist**

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address of Property:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the gas turned on? Yes No

Is the electric turned on? Yes No

Is the water turned on? Yes No

Is the water heater lit? Yes No

Do all windows operate correctly? Yes No

Do all doors open and close easily? Yes No

Are all outlets grounded properly? Yes No

Does they A/C work? Yes No

Does the furnace work? Yes No

Smoke/CO detectors in correct location? Yes No

Do the smoke/CO detectors work? Yes No

Do locksets/deadbolts have keys? Yes No

Plumbing fixtures work/no leaks? Yes No

Does the stove work? Yes No

Does the Fridge work? Yes No

Additional Punchlist Items needed done:

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Signature of Inspector