**Unit Substantial Completion & Punch List Form**

Unit #: \_\_\_\_\_\_\_\_\_\_ Date of Issue: \_\_\_\_\_\_\_\_\_\_\_\_

**AOUO: Contractor:**

Association of Unit Owners of Wasa Electrical Services, Inc.

Yacht Harbor Towers 1023 Kikowaena Pl

1600 Ala Moana Boulevard Honolulu, Hawaii 96819

Honolulu, Hawaii 96815

**Acknowledgement:**

The work performed under this contract in the above-named unit has been reviewed and found, to the contractor’s best knowledge, information, and belief, to be complete. This form is to identify and list additional work, if any, required by the unit owner to complete or correct the services provided by the contractor. Only items in areas where work occurred will be considered. **This will be the only opportunity for touch ups/punch list items to be recognized and brought to the contractor’s attention in your unit.**

Please list the items affected by the project that you would like considered for repair:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The contractor will complete or correct the items listed above to the extent such punch list items are required by the contract documents, including any damage caused by the contractor in the performance of the work. The contractor shall promptly proceed to correct the identified items within 5 work days from the above date of issue, subject to the availability of materials and any specialty subcontractors whose services are required.

**Contractor Unit Owner/Agent Third Party Observer**

(Circle one)

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Name Name Name

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Signature Signature Signature

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Date Date Date