

Building Unit Inspection / Snag Form

Name of Building
Location
Date

- - 20

Ref. No.:



Item#	Unit No	Location	Snag Description	Remarks	Signoff
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

▶	<table style="width: 100%;"> <tr> <td style="width: 60%;">Building Management Representative Name & Signature</td> <td style="width: 40%;">Owner / Representative Signature</td> </tr> <tr> <td>Name :</td> <td>Date : Time:</td> </tr> </table>	Building Management Representative Name & Signature	Owner / Representative Signature	Name :	Date : Time:
Building Management Representative Name & Signature	Owner / Representative Signature				
Name :	Date : Time:				
	Signoff for Snag closure: I/We hereby confirm inspection of the aforesaid property and am satisfied with the condition of unit & fittings to proceed to receive the said property.				
▶	<table style="width: 100%;"> <tr> <td style="width: 60%;">Owners Name & Signature</td> <td style="width: 40%;">Date :</td> </tr> </table>	Owners Name & Signature	Date :		
Owners Name & Signature	Date :				