

Item	Specific Location of Deficiency (Unit/Common Area/ Building Address/ Grounds/System)	Level (EH&S, H/S, L3, L2, L1, or "M" for MSHDA)	Description of Deficiency (must be the same as noted in inspection report)	Required Completion Due Date (original)	Requested Extension Date (Date each deficiency will be corrected)	Reason for the Request	Extension Item Approved? (To be completed by MSHDA)
1							
2							
3							
4							
5							
6							

(attach additional lines, if necessary)

When all corrective actions have been completed, I will submit a final Owner's Certification and Attachment A to MSHDA Compliance and to the contractor to certify that all physical inspection deficiencies have been corrected.

Signed by: _____

Title: _____

The portion below to be completed by MSHDA if the requested extension date is greater than six months from the inspection report date.

	Approved - Comments:
	Denial - Explanation:

Compliance Specialist

Date