

ATTACHMENT A

**Owner's Report of Completion of Repairs and Exigent Health & Safety Items
 Owner's Plan for Completion of Repairs
 (Itemized List of Corrective Actions Taken & Plan for Corrective Actions to be Taken)**

Development Name: _____

Inspection Date: _____

MSHDA #: _____

Submission #: _____

Address: _____

Item	Location of Deficiency (Unit/Common Area/ Building Address/ Grounds/System)	Level (EHS, H/S, L3, L2, L1, "M" or RHS)	Description of Deficiency	Corrective Actions Taken/or To Be Taken	Expected Completion Date	Completion Date	Meets UPCS/RHS/ MSHDA Standard (Yes or No)	✓ CHECK IF HOME UNIT
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