



CAPE TOWN

DEFECTS SHEET

FOR OFFICE USE ONLY

If necessary, this sheet must be completed and returned to : TGP HEAD OFFICE, PO Box 3667, Tygervalley, 7536

Fax: 021 914 9748

e-mail : lynette@tgpconstruction.com

Client's Name : _____

Date : _____

Address : _____

Telephone (work) _____

Telephone (home) _____

Cell Phone number _____

No.	LOCATION OF WORK	DEFECTS	Items satisfactorily completed	
			Date completed	Client's signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

The above is a complete and final list of defects, and I undertake to sign off each complaint after completion thereof.

Signature : _____

Date : _____

PLEASE NOTE : * TGP DOES NOT NECESSARILY ACCEPT LIABILITY TO ATTEND TO ALL OR ANY OF THE ABOVE LISTED ITEMS.
 * ACKNOWLEDGEMENT OF RECEIPT OF THIS SHEET WILL BE DONE BY E-MAIL (ELECTRONICALLY)

SIGN

DATE