Arizona Department of Housing

Property Name: _____

Unit #	Inspection Date	Window/Arcadia Door Screen(s) Missing	# of Screens Needed	Date Installed	Installed By		Unit #	Inspection Date	Window/Arcadia Door Screen(s) Missing	# of Screens Needed	Date Installed	Installed By
		Yes / No							Yes / No			
		Yes / No							Yes / No			
		Yes / No							Yes / No			
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		Yes / No							Yes / No			
		Yes / No							Yes / No			

EQUAL HOUSING OPPORTUNITY

If services were contracted with an outside vendor provide a copy of the invoice(s).