

Flooring/Carpet Discrepancy Report This form is required only if you discover a discrepancy in the provided inspection report.

Name:	Unit Address:
Phone Number:	
After careful review of my floori like to file a discrepancy claim fo	ing history and performing a black light inspection for my home I would or the following items:
	carpet re-inspection. De filled out and returned to AMH within ays of moving into your new home.
Signature:	Date:
	AMH Use Only
Date Received:	AMH Initials:
Inspection Needed: Y or	N Appointment Date/Time:
Inspector Initials:	Date: