

BIA Office of Indian Services
Division of Human Services
2018 ver

**BUREAU OF INDIAN AFFAIRS
HOUSING IMPROVEMENT PROGRAM (HIP)**

NOTICE OF PROJECT COMPLETION

DATE: _____

TO: _____

FROM: _____

Your housing project is completed. Minor exceptions are noted on the Certification of Final Inspection/Punch List form. The work done on this project is warranted for one year from the date of acceptance, which is the date of your signature below.

RECIPIENT'S SIGNATURE OF ACCEPTANCE: _____

DATE: _____

TRIBAL OFFICIAL'S SIGNATURE: _____

TITLE: _____

DATE: _____