

CHANGE ORDER REQUEST # _____

TO CONSTRUCTION CONTRACT

REHAB CASE # _____

ADDRESS: _____

OWNER _____

The parties to the rehabilitation/construction contract dated _____ have agreed upon the following unforeseen work that was not visible on the initial inspection:

DESCRIPTION

AMOUNT

DESCRIPTION	AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL OF CHANGE ORDER

\$ _____

The Contractor agrees to perform this work for \$ _____

Which is to be added to the original contract of \$ _____

The total amount of this contract is now \$ _____

The time of the Contract shall be increased _____ days
decreased _____ days
no change _____

CONTRACTOR

OWNER

DATE

DATE

REHAB INSPECTOR

GRANTEE

DATE

DATE