

CHANGE ORDER REQUEST # _____

TO CONSTRUCTION CONTRACT

ACCOUNT #: _____

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

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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: _____ Date: _____

Owner: _____ Date: _____

Program Inspector: _____ Date: _____

Grantee: _____ Date: _____