

Property Completion Report

Form Type PCR	Form Title/Description Property Completion Report	PDR File Identifier P123456789
Additional File Identifier Test_case	Client Case Number Number Here (if applicable)	Property Address 12345 Some Rd
City Any Town	State VA	Zip Code 12345
Borrower John Smith	Effective Date of Original Property Data Report YYYY-MM-DD	Original Property Data Collector Company Name Company Name
Original Lender/Client Lender Full Name	Original Lender Address 1001 Some St, Some City, VA 01010	Borrower John Smith
Have the improvements been completed in accordance with the requirements and conditions stated in the original property data report? Yes	Comments Description Here (if prior answer is No)	Property Data Collector Signature
Property Data Collector Name Full Name	Property Data Collector Company Name Company Name	Property Data Collector Company Address 1234 Any St
Property Data Collector Telephone Number (111) 111-1111	Date Reported Signed YYYY-MM-DD	Date of Verification YYYY-MM-DD
Professional License Type Real Estate Agent	Professional License Number 12345678	Professional License State VA
Professional License Expiration Date YYYY-MM-DD	AMC Name Company Name	Lender/Client Company Name Company Name
Lender/Client Company Address 1001 Some St, Some City, VA 01010		

Certifications

I certify that I have performed a visual observation of the subject property to determine if the conditions or requirements stated in the original property data report have been satisfied.

I certify that if this report was transmitted as an "electronic record" containing my "electronic signature," as those terms are defined in applicable federal and/or state laws (excluding audio and video recordings), or a facsimile transmission of this report containing a copy or representation of my signature, the report shall be as effective, enforceable and valid as if a paper version of this report were delivered containing my original hand written signature.