

AMACON

LIVE WELL

# Warranty Services Work Order

Phone: (905) 848-2069 Fax: (905) 848-2827

Location	<u>Eve - Tower: 1 - Unit: 1603</u>
Closing Date	<u>1603 - 3515 Kariya</u>
Date	<u>05Dec08</u>
Contact Name(s)	<u>Kristan Sweezie</u>
Contact Telephone#	
Company:	<u>Canadian Whirlpool Services</u>
Attention:	<u>Greg Fleming</u>
Telephone:	
Fax:	<u>9 (05-) 476--481</u>
From:	<u>Warranty Services Department - Head Office</u>

Please complete the following items:				
Deficiency Number	Issue	Appointment Date/Time	Notes	
1469	MAIN BATHROOM- TUB: 1-scratch top left to the back			

Date Completed: Dec 11/08

Purchaser Signature: \_\_\_\_\_

The Purchaser acknowledges and accepts all work has been completed in a workmanlike manner.

Please schedule your Service Department to complete work on the above Unit. Should no appointment time or date appear (below) on this form, it is your responsibility to arrange and adhere to the appointment you have scheduled. Your service representative **must have** this form signed by homeowner on completion. Please fax the signed form to our office (905) 848-2827.

**Failure to comply with this request will give Amacon Developments (and it's group of companies) the right to carry out any and all repairs. All costs incurred will be applied to the Company listed above.**

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ID# 1469 Eve Ph 1 Lot 1603

Mail

