

A M A C O N

L I V E W E L L

**Warranty Services
Work Order**

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

Location	Eve - Tower: 1 - Unit: 209 209 - 3515 Kariya
Closing Date	0000
Date	30Nov08
Contact Name(s)	Shaista Ghaffar
Contact Telephone#	
Company:	Amacon Service
Attention:	Carlos Bravo
Telephone:	
Fax:	(905) 848-2827
From:	Warranty Services Department - Head Office

Please complete the following items:

Deficiency Number	Issue		Appointment Date/Time	Notes
608 ✓	MASTER BEDROOM- DOORS-closet doors need adjusting	✓	X	
609 ✓	KITCHEN- APPLIANCE-stove not plugged	✓		

Date Completed: DEC 08/2008

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# 608/609 Eve Ph 1 Lot 209

Mail