AMACON

Warranty Services Work Order

LIVE WELL

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

Location Eve - Tower: 1 - Unit: 202 <u> 202 - 3515 Kariya</u> **Closing Date** 0000 Date 19Dec08 Contact Name(s) Ricardo Mohammed and Mari Mohammed Contact Telephone# Company: Com-Kote Inc Attention: Telephone: Fax: (905) 292-2923 From: Warranty Services Department - Head Office

| Ple | Please complete the following items: | | | | | | | |
|-----|--------------------------------------|---|--|--|--------|--|--|--|
| Def | iciency mber | Issue | | Appointmer Date/Time | 110003 | | | |
| 180 | | FOYER / ENTRY- DOORS-REPAINT FOP OF DOOR FINISH NOT RIGHT | | Date Time | 3/2 | | | |
| 182 | ν | FOYER / ENTRY- DOORS: 1-FRAME TOP LEFT NEEDS TO BE CLEANED | | No. of the state o | | | | |
| 184 | √ | FOYER / ENTRY- DOORS: 2-FRAME TOP RIGHT DIRTY FLAKING | | the state of the s | | | | |
| 192 | | LIVING/DINING ROOM- WALLS- TOUCH UP WHERE MARKED WITH NOTES CORNER @ HEATING UNIT ON LEFT BLACK & RED MARKS | | yn 27 85 5 | | | | |
| 195 | | GUEST BEDROOM 1- WALLS: 1- DRYWALL AT BOTTOM LEFT CORNER OF ELECTRICAL PANEL NEEDS PATCHING | | | | | | |
| 196 | İ | GUEST BEDROOM 1- DOORS-TOP RIGHT INSIDE CORNEROF DOOR FRAME NEEDS TOUCH UP | | N. and the Control of | ng. | | | |
| 203 |] | MASTER BEDROOM- WALLS: 1- TOUCH-UP PAINT @ TRIM ON CORNER BELOW MAIN LIGHT SWITCH | | GE-many | | | | |
| 208 | 0 | MASTER BEDROOM- WALLS: 5- CORNER BEFORE MIRRORED CLOSET REPAINT | | 1 And the second | | | | |

Forms - Work Order - Logged in user is: Mark Fritz

Page 2 of 2

| RE | ASTER BEDROOM- CLOSET- EPAINT IN DOOR FRAMEWORK F SMALL CLOSET | i de la companya de l | |
|----------|---|--|--|
| RE OT | NSUITE BATHROOM- WALLS: 1- EPAINT ABOVE LIGHT SWITCH THER PAINT SHOWING HROUGH | | |

Date Completed:

Amacon Custon er Care Signature:

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.

Back - Forms Menu

ID# 180/182/184/192/195/196/203/208/212/219 Eve Ph 1 Lot 202