



LIVE WELL

Warranty Services

Work Order

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

Location	<u>Eve - Tower: 1 - Unit: 305</u>
	<u>305 - 3515 Kariya</u>
Closing Date	<u>0000</u>
Date	<u>30Nov08</u>
Contact Name(s)	<u>Felisa de Vera</u>
Contact Telephone#	
Company:	<u>Amacon Service</u>
Attention:	<u>Carlos Bravo</u>
Telephone:	
Fax:	<u>(905) 848-2827</u>
From:	<u>Warranty Services Department - Head Office</u>

Please complete the following items:				
Deficiency Number	Issue		Appointment Date/Time	Notes
146 ✓	FOYER / ENTRY- WALLS-HOLE 3 left side of entry	✓		
147 ✓	FOYER / ENTRY- WALLS: 1- DRYWALL mark 3feet fromfloor 2 feet from door	✓		
148 ✓	FOYER / ENTRY- WALLS: 2-mark above wall plate on right side	✓		
152 ✓	FOYER / ENTRY- DOORS: 3-glue at top right corner and botto right corner	✓		
155 ✓	FOYER / ENTRY- CLOSET-resceew access panel	✗		2 SCREWS MISSING
157 ✓	LIVING/DINING ROOM- ---mark on wall by laundry closet door 3 feet from floor	✓		<del>WALL</del>
158 ✓	LIVING/DINING ROOM- -: 1-mark above fan coil unit and 3 feet above vent	✗		Dry wall popping
164 ✓	DEN- WALLS-TOUCH UP paint left of wall plug east wall 3feet from plug 1 foot from floor	✓		
165 ✓	DEN- WALLS: 1-DRYWALL marked lower southeast corner	✓		
166 ✓	DEN- WALLS: 2-fingerprints above vent on eaat wall	✗		STILL THERE
167 ✓	DEN- WALLS: 3-scuff marks	✓		

	northwest corner 1 foot from corner 5 inches from floor	✓		
168 ✓	DEN- WALLS: 4-scuff marks 2 feet from floor 2 feet from corner	✓		
169 ✓	DEN- WALLS: 5-fingerprints center of west wall	✓		
171 ✓	DEN- ELECTRICAL/LIGHTING-COVER PLATE LOOSE	✓		DAP
172	MAIN BATHROOM- WALLS-repair drywall behind toilet	✓		

Date Completed: DEC 12, 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.**

[Back - Forms Menu](#)

ID# 146/147/148/152/155/157/158/164/165/166/167/168/169/171/172 Eve Ph 1 Lot 305

Mail