

AMACON

WELL LIVE

Warranty Services Work Order

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

Eve - Tower: 1 - Unit: 308 308 - 3515 Kariya Location

Closing Date

0000

Date

30Nov08

Contact Name(s)
Contact Telephone#
Company:
Attention:
Telephone:

Steve Khan and Arlene Lim

Amacon Service

Carlos Bravo

Fax:

(905) 848-2827

Warranty Services Department - Head Office From:

Please complete the following items:								
Deficiency Number	Issue		Appointment Date/Time	Notes				
382	GUEST BEDROOM 1- DOORS: 1- DENTED FRAME left side							
386	DEN- WALLS-DENTED DRYWALL upper right wall closet side 6 1/2 feet fr9m fooor							
387	DEN- WALLS: 1-DRYWALL mark right wall closet side 6 inches left of light switch							
389	DEN- FLOORING-BASEBOARD CHIPPED closet backside 1 foot from entry corner	X						
391 ~	ENSUITE BATHROOMshower stall frame lefT side dent 4 feet from floor and at 6 feet	investagate		5.5				
392	ENSUITE BATHROOM: 1-remove cork bumper/spacer top left corner							
393 V	DEN- CEILING-O.K.							
	ENSUITE BATHROOM: 2-clean caulking along left side of stall door							
	ENSUITE BATHROOM- WALLS- rem0ve printing above toilet on right side	W		PAINT AT BANGO				
	ENSUITE BATHROOM- WALLS: 1-DRYWALL DENTED left wall 2 feet in front of vanity 2 feet above							

	floor		ŀ
400	ENSUITE BATHROOM- WALLS: 3-DRYWALL tape needs smoothing beside outlet left side of sink	Land	
402	LAUNDRY CLOSET- DOORS- FRAME smooth patch 2 feet from floor left side	V	SAND/PAINT
403	LAUNDRY CLOSET- WALLS-mark on right side 3 feet from floor		SANT /PAINT
404	LAUNDRY CLOSET- WALLS: 1- mark on left wall 3 feet from floor	V	PATCH /SAND/PAINT

Date Completed:	Mule July	Purchaser Signature:	
j		<u></u>	The Purchaser acknowledges and accepts all wor has been completed in a workmanlike manne

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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Mail