



Warranty Services Work Order

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

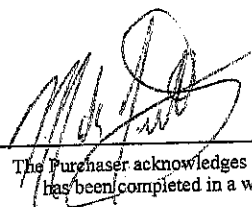
Location	<u>Eve - Tower: 1 - Unit: 503</u>
	503 - 3515 Kariya
Closing Date	0000
Date	25Nov08
Contact Name(s)	<u>Seweryn Horawa and Ayan Hussein</u>
Contact Telephone#	
Company:	<u>Amacon Service</u>
Attention:	<u>Carlos Bravo</u>
Telephone:	
Fax:	<u>9 (05-) 848--282</u>
From:	<u>Warranty Services Department - Head Office</u>

Please complete the following items:

Deficiency Number	Issue		Appointment Date/Time	Notes
231 ✓	GUEST BEDROOM 1- CLOSET- ADJUST doors n0t square	✓		
235 ✓	MASTER BEDROOM- DOORS- DENTED by latch	✓		
250 ✓	MAIN BATHROOM- COUNTERTOPS-CAULKING MISSING underside countertop	✓		
254 ✓	ENSUITE BATHROOM- COUNTERTOPS-no silicone underside of countertop	✓		
257 ✓	KITCHEN- COUNTERTOPS-silicone missing underside of countertop	✓		
260 ✓	KITCHEN- COUNTERTOPS: 2-gap under counter with missing shims and silicone	✓		
261 ✓	KITCHEN- COUNTERTOPS: 3-LEVEL top drawer will not open properly	✓		
263 ✓	KITCHEN- SINK-should be undermiunt			<i>WMA Amacon</i>
266 ✓	KITCHEN- APPLIANCE-FRIDGE LEVEL	✓		
267 ✓	KITCHEN- BACKSPLASH-dab missing by fridge	✓		

Date Completed: Dec. 11/08 KS

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# 231/235/250/254/257/260/261/263/266/267 Eve Ph 1 Lot 503

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