AMACON

LIVE WELL

Warranty Services **Work Order**

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

Location	Eve - Tower: 1 - Unit: 508
	508 - 3515 Kariya

Closing Date

<u>0000</u>

Date

30Nov08

Contact Name(s)

Glenda Beja and Lesenio Beja

Contact Telephone#

Amacon Service Carlos Bravo

Attention:

Company:

Telephone:

(905) 848-2827

Fax: From:

Warranty Services Department - Head Office

Please c	Please complete the following items:							
Deficiency Number	Issue		Appointment Date/Time	Notes				
426	GUEST BEDROOM 1- FLOORING- stained carpet by clset doors and also by windows - black marks							
428	MAIN BATHROOM- VANITY CABINETS-screw showing above drawer		A part of the same					
431	ENSUITE BATHROOM- VANITY CABINETS-bottom drawer top needs to be secured		Name of the last o					

Date Completed:	Dec	Wos	Pu
	Malitan		A Control of

rchaser 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)

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# 426/428/431 Eve Ph 1 Lot 508

Mail