



Warranty Services  
Work Order  
Phone: (905) 848-2069 Fax:(905) 848-2827

Location Eve - Tower: 1 - Unit: 510  
510 - 3515 Kariya  
Closing Date 0000  
Date 30Nov08  
Contact Name(s) Christina Persaud  
Contact Telephone#  
Company: Amacon Service  
Attention: Carlos Bravo  
Telephone:  
Fax: (905) 848-2827  
From: Warranty Services Department - Head Office

Please complete the following items:				
Deficiency Number	Issue		Appointment Date/Time	Notes
434 ✓	FOYER / ENTRY- WALLS: 2-WALL RIGHTOF CLOSET DRYWALL DENTED JUST ABOVE BASEBOARD		✓	
436 ✓	FOYER / ENTRY- CLOSET-TILE TOP LEFT CORNER UNEVEN GAP AT QUARTER ROUND		✓	tile to
439 ✓	LIVING/DINING ROOM- FLOORING: 2-BASEBOARD HAS A CUT OR CHIPPED IN ALCOVE 6 INCHES RIGHTOF CORNER		✓	
441 ✓	LIVING/DINING ROOM- WINDOWS-ALUMINUM @ BASE OF 2ND WINDOW 1ST FLOO BOARD NOT FLUSH WITH FLOOR		✓	
442 ✓	LIVING/DINING ROOM- WALLS- DRYWALL BUMP IN LITTLE ALCOVE FACING GABLE OF FRIDGE IN LINE WITH SOCKET 3FT UP		✓	
445 ✓	LIVING/DINING ROOM- WALLS: 3-CORNEROF 4 SWITCH PANEL WALL DRYWALL DENTED 1FOOT UP FROM FLOOR		✓	
446	LIVING/DINING ROOM- WALLS: 4- @ BOTTOM OF 4 SWITCH PLATE		✓	

	RIGHT SIDE BUMP IN DRYWALL R	✓		
450	LIVING/DINING ROOM- WALLS: 8- DRYWALL CRACKING TOP OF FANCOIL UNIT	✓		
451	LIVING/DINING ROOM- WALLS: 9- DRYWALL SCRATCHED LEFTOF LARGEST WINDOW @ JOINING OF 2 PANES FACING CONSTRUCTION SITE	✓		
453	MASTER BEDROOM- CLOSET- BASEBOARD ONLEFT HAS DENT	✓		
455	DEN- WALLS-AT ENTRANCE ONLEFT DRYWALL DENTED 4FEET FROM FLOOR	✓		
460	KITCHEN- FLOORING-CAULKING REQUIRED AT KICK PLATE RIGHTOF STOVE	✓		
463	KITCHEN- CABINETS: 1-2ND DRAWER LOOSE	✓		
465	KITCHEN- CABINETS: 2-GABLE END SITS FUNNY HALF ON T STIP & HALF ON TILE	✓		
467	KITCHEN- WALLS-DRYWALL DENTED SMALL WALL RIGHTOF MICROWAVE @ TOP	✓		

Date Completed: Dec. 12/08

Purchaser Signature: \_\_\_\_\_

*[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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Mail