

A M A C O N

L I V E W E L L

**Warranty Services
Work Order**

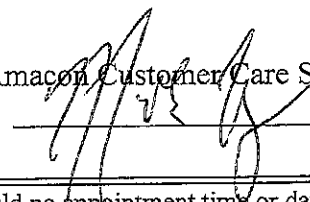
Phone: (905) 848-2069 Fax:(905) 848-2827

Location	<u>Eve - Tower: 1 - Unit: 601</u>
Closing Date	0000
Date	06Jan09
Contact Name(s)	???
Contact Telephone#	
Company:	<u>York Sheet Metal</u>
Attention:	<u>Gerry Edelenbos</u>
Telephone:	
Fax:	<u>9 (05-) 850--057</u>
From:	<u>Warranty Services Department - Head Office</u>

Please complete the following items:

Deficiency Number	Issue		Appointment Date/Time	Notes
646	MASTER BEDROOM-ELECTRICAL/LIGHTING-MISSING VENT FOR HEAT			

Date Completed: _____

Amacon Customer Care Signature: _____


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# 646 Eve Ph 1 Lot 601