

Deficiency Number	Issue		Appointment Date/Time	Notes
534	ENSUITE BATHROOM- WALLS- RIGHT OF TUB EDGE OF TILES 2ND & 3RD TILES UP NEED SILICONE			

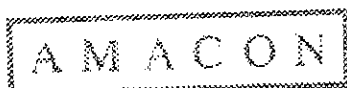
Date Completed: \_\_\_\_\_

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

From: Amacon To: 19057610990 Page: 1/1 Date: 11/30/2008 5:53:27 PM



LIVE WELL

### Warranty Services Work Order

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

*DHPRAM*

Location	<u>Eve - Tower: 1 - Unit: 605</u>
	<u>605 - 3515 Kariya</u>
Closing Date	<u>0000</u>
Date	<u>30 Nov 08</u>
Contact Name(s)	<u>Daniel Jennings</u>
Contact Telephone#	
Company:	<u>MegaCity Tile</u>
Attention:	
Telephone:	
Fax:	<u>(905) 761-0990</u>
From:	<u>Warranty Services Department - Head Office</u>

Please complete the following items:				
Deficiency Number	Issue		Appointment Date/Time	Notes
671 ✓	KITCHEN- FLOORING-tiles missing under stove	✓		
672 ✓	KITCHEN- FLOORING: 1-tile under rightside of stove chipped	✓		
678 ✓	KITCHEN- BACKSPLASH-backslash leftside corner missing tiles	✓		

Date Completed: DEC 18 / 2008

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

The Purchaser acknowledges and accepts all work has been completed in a workmanlike manner.

*Blavo*

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.