

AMACON

LIVE WELL

Warranty Services
Work Order

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

Location	<u>Eve - Tower: 1 - Unit: 606</u>
Closing Date	<u>606 - 3515 Kariya</u>
Date	<u>0000</u>
Contact Name(s)	<u>30Nov08</u>
Contact Telephone#	<u>Leoncio Pineda and Zenaida Pineda</u>
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
534	✓ ENSUITE BATHROOM- WALLS-RIGHT OF TUB EDGE OF TILES 2ND & 3RD TILES UP NEED SILICONE	✓		

Date Completed:

DEC / 8 / 2008

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# 534 Eve Ph 1 Lot 606

Mail