



Warranty Services Work Order

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

Location	<u>Eve - Tower: 1 - Unit: 705</u> <u>705 - 3515 Kariya</u>
Closing Date	0000
Date	02Dec08
Contact Name(s)	<u>Bassant Gobin and Bridget Gobin</u>
Contact Telephone#	
Company:	<u>Amacon Service</u>
Attention:	<u>Carlos Bravo</u>
Telephone:	
Fax:	<u>(905) 848-2827</u>
From:	<u>Warranty Services Department - Head Office</u>

Please complete the following items:				
Deficiency Number	Issue		Appointment Date/Time	Notes
720	KITCHEN- CABINETS-shelves need to be put in cabinet above dishwasher		✓	
722	KITCHEN- WINDOWS-ALUMINUM THRESHOLD top of window 1/2" gap		✓	normal

Date Completed: Dec 15/08 18

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# 720/722 Eve Ph 1 Lot 705

Mail