

AMACON

LIVE WELL

Warranty Services**Work Order**

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

| | |
|--------------------|---|
| Location | <u>Eve - Tower: 1 - Unit: 807</u> |
| Closing Date | <u>807 - 3515 Kariya</u> |
| Date | <u>0000</u> |
| Contact Name(s) | <u>05Dec08</u> |
| Contact Telephone# | <u>Kristina Mendoza and Klynt Kynnersley</u> |
| Company: | <u>Allan Windows</u> |
| Attention: | |
| Telephone: | |
| Fax: | <u>(905) 738-1988</u> |
| From: | <u>Warranty Services Department - Head Office</u> |

**PAINT, MUD
MESS**

Please complete the following items:

| Deficiency Number | Issue | Appointment Date/Time | Notes |
|-------------------|--|-----------------------|--------------------|
| ✓ 828 | LIVING/DINING ROOM- WINDOWS-large main livingroom window centre pane bottom edge not secure to floor | | OTHER TRADE |
| ✓ 837 | MASTER BEDROOM- WINDOWS-bottom right corner flashing needs to be touchup - scratched | | OTHER- CLEANERS |
| ✓ 839 | MASTER BEDROOM- WINDOWS: 1-caulking around window messy- on all corners | | SAME |
| ✓ 840 | MASTER BEDROOM- WINDOWS: 2-left window pane bottom panel caulking | | SAME |

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 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# 828/837/839/840 Eve Ph 1 Lot 807

Mail