

AMACON

LIVE WELL

Warranty Services
Work Order

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

Location	<u>Eve - Tower: 1 - Unit: 810</u>
Closing Date	<u>810 - 3515 Kariya</u>
Date	<u>0000</u>
Contact Name(s)	<u>05Dec08</u>
Contact Telephone#	<u>Kathryn Nicer</u>
Company:	<u>Allan Windows</u>
Attention:	
Telephone:	
Fax:	<u>(905) 738-1988</u>
From:	<u>Warranty Services Department - Head Office</u>

Please complete the following items:

Deficiency Number	Issue	Appointment Date/Time	Notes
915 ✓	LIVING/DINING ROOM- WALLS- center column between window excessive gap bottom right side		OTHER DRY WALL

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# 915 Eve Ph 1 Lot 810

Mail