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## Warranty Services Work Order

WELL LIVE

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

Location	Eve - Tower: 1 - Unit: 201
	201 - 3515 <u>Kariya</u>
Closing Date	<u>0000</u>
Date	<u>19Dec08</u>
Contact Name(s)	Tyrone Fernandes
Contact Telephone#	
Company:	Com-Kote Inc
Attention:	
Telephone:	
Fax:	<u>(905) 292-2923</u>
From:	Warranty Services Department - Head Office

Please complete the following items:						
Defici Num	ency Issue ber	Appointment  Date/Time	Notes			
18	Master Bedroom- centre wall between windows is scraped - needs repainting	E. Carrier Chin				
20	Living Room- baseboard below cable jack needs to be rough - needs sanding	1/				
22	Living Room- Right corner ledge of wall island needs touchup leading to bedroom	Carrent Carren				
24	Master Bedroom- right wall of door edges needs touch-up					

	   <i> </i>	Date/Time #	
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24	Master Bedroom- right wall of door edges needs touch-up	The state of the s	

Çare Signature:

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)

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# 18/20/22/24 Eve Ph 1 Lot 201