

**AMACON**

LIVE WELL

**Warranty Services  
Work Order**

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

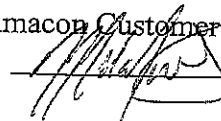
|                    |                                                   |
|--------------------|---------------------------------------------------|
| Location           | <u>Eve - Tower: 1 - Unit: 305</u>                 |
| Closing Date       | <u>305 - 3515 Kariya</u>                          |
| Date               | <u>0000</u>                                       |
| Contact Name(s)    | <u>29Dec08</u>                                    |
| Contact Telephone# | <u>Felisa de Vera</u>                             |
| Company:           | <u>JJ Home Products</u>                           |
| Attention:         | <u>Rocky Favaro</u>                               |
| Telephone:         |                                                   |
| Fax:               | <u>(416) 798-7792</u>                             |
| From:              | <u>Warranty Services Department - Head Office</u> |

| Please complete the following items: |                                                    |   |                       |       |
|--------------------------------------|----------------------------------------------------|---|-----------------------|-------|
| Deficiency Number                    | Issue                                              |   | Appointment Date/Time | Notes |
| 156                                  | FOYER / ENTRY- CLOSET: 1-REPAIR TRACK bottom right | ✓ |                       |       |
| 162                                  | MASTER BEDROOM- CLOSET-LEVEL shelf                 | ✓ |                       |       |
| 163                                  | MASTER BEDROOM- CLOSET: 1-marks on shelf           | ✓ |                       |       |

Date Completed:

Jan 5/09

Amacon Customer Care 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) 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# 156/162/163 Eve Ph 1 Lot 305