

AMACON

LIVE WELL

**Warranty Services
Work Order**

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

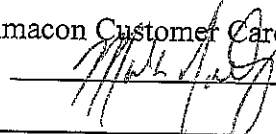
Location	<u>Eve - Tower: 1 - Unit: 510</u>
Closing Date	<u>510 - 3515 Kariya</u>
Date	<u>0000</u>
Contact Name(s)	<u>19Dec08</u>
Contact Telephone#	<u>Christina Persaud</u>
Company:	<u>Lisi Mechanical</u>
Attention:	
Telephone:	
Fax:	<u>(416) 674-5309</u>
From:	<u>Warranty Services Department - Head Office</u>

Please complete the following items:				
Deficiency Number	Issue		Appointment Date/Time	Notes
440	LIVING/DINING ROOM- ELECTRICAL/LIGHTING- THERMOSTAT AT DEN ENTRANCE NOT WORKING			NO POWER
458	✓ MAIN BATHROOM- TUB-NO WATER	✓		
459	✓ MAIN BATHROOM- TOILET-NO WATER	✓		

Date Completed:

DEC 14 2008

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.

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ID# 440/458/459 Eve Ph 1 Lot 510