

AMACON

LIVE WELL

Warranty Services**Work Order**

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

Location	<u>Eve - Tower: 1 - Unit: 709</u> <u>709 - 3515 Kariya</u>
Closing Date	<u>0000</u>
Date	<u>18Dec08</u>
Contact Name(s)	<u>Kollapuri Vinod Kumar</u>
Contact Telephone#	
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
767	KITCHEN- APPLIANCE-AERATOR NEEDS ADJUSTING	✓		

Date Completed:

Dec 18 2008Frank Gault

Amacon Customer Care Signature:

[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# 767 Eve Ph 1 Lot 709