



# Warranty Services Work Order

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

|                           |                                                                 |
|---------------------------|-----------------------------------------------------------------|
| <b>Location</b>           | <u>Eve - Tower: 1 - Unit: 2107</u><br><u>2107 - 3515 Kariya</u> |
| <b>Closing Date</b>       | <u>0000</u>                                                     |
| <b>Date</b>               | <u>22Jan09</u>                                                  |
| <b>Contact Name(s)</b>    | <u>Angela He</u>                                                |
| <b>Contact Telephone#</b> |                                                                 |
| <b>Company:</b>           | <u>Barwood Flooring</u>                                         |
| <b>Attention:</b>         |                                                                 |
| <b>Telephone:</b>         |                                                                 |
| <b>Fax:</b>               | <u>(416) 431-2393</u>                                           |
| <b>From:</b>              | <u>Warranty Services Department - Head Office</u>               |

| Please complete the following items: |                                                                          |                       |       |
|--------------------------------------|--------------------------------------------------------------------------|-----------------------|-------|
| Deficiency Number                    | Issue                                                                    | Appointment Date/Time | Notes |
| 6609                                 | LIVING/DINING ROOM-FLOORING- HARDWOOD FLOOR<br>RANDOM SCRATCHES SEE TAPE |                       |       |

Date Completed:

JAN 22 2009

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# 6609 Eve Ph 1 Lot 2107