

Warranty Services Work Order

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

_ as a section 3; § War-	Phone: (905) 848-2069 Fax:(905) 848-2027
LIVE WELL	
Location	Eve - Tower: 1 - Unit: 2301
Location	2301 - 3515 Kariya
Closing Date	0000
Date	<u>27Jan09</u>
Contact Name(s)	Raffi Kerametlian
Contact Telephone#	T : No - homiosi
Company:	<u>Lisi Mechanical</u>
Attention:	
Telephone:	(416) 674-5309
Fax:	Warranty Services Department - Head Office
From:	Warranty Services Department
Please complete the following items:	
Deficiency Issue	Appointment Notes
Number Sauce	Date/Time
	NA system presure low
7375 MAIN BATHROOMwater presure low	

Date Completed:

27 200g JAU

Amacon Qustomer 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)

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# 7375 Eve Ph 1 Lot 2301