



Warranty Services Work Order

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

Location	<u>Eve - Tower: 1 - Unit: 2509</u> <u>2509 - 3515 Kariya</u>
Closing Date	<u>0000</u>
Date	<u>27Jan09</u>
Contact Name(s)	<u>Paulina Grzybowski</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	Notes
			Date/Time	
7059 ✓	MAIN BATHROOM- SINK-stopper lets water through	✓		
7061 ✓	ENSUITE BATHROOM- TOILET-toilet runs	✓		

Date Completed:

Jan 27 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.

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ID# 7059/7061 Eve Ph 1 Lot 2509