

Warranty Services Work Order

LIVE WELL

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

| Location | Eve - Tower: 1 - Unit: 2510 |
|--------------------|--|
| | 2510 - 3515 Kariya |
| Closing Date | 0000 |
| Date | 28Jan09 |
| Contact Name(s) | Keith Simpson |
| Contact Telephone# | |
| Company: | Metro Carpentry |
| Attention: | |
| Telephone: | · |
| Fax: | <u>(905)</u> 738-4254 |
| From: | Warranty Services Department - Head Office |

| Please complete the following items: | | | | | | | |
|--------------------------------------|---|--|-----------------------|-------|--|--|--|
| Deficiency Number | Issue | | Appointment Date/Time | Notes | | | |
| | MASTER BEDROOM- FLOORING- BASEBOARD BROKEN right wall where taped | | Dato I mie | | | | |
| 7296 | LAUNDRY CLOSET- DOORS-chips in door frame where taped | | | | | | |

| Date Complete | | (| of the second se | |
|---------------|-----|-----------|--|--|
| JANIMACY_ | 36, | <u>09</u> | > | |
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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# 7295/7296 Eve Ph 1 Lot 2510