

## Warranty Services Work Order

LIVE WELL

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

3515 Kariya
JJIJ IXARIYA
<u>09</u>
<u>ler Sandhu</u>
od Flooring
<u>431-2393</u>
nty Services Department - Head Office
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Please complete the following items:					
Deficiency Number	Issue		Appointment Date/Time	Notes	
8547	LIVING/DINING ROOM- FLOORING: 1- by windows several scratches see tape				
8548	LIVING/DINING ROOM- FLOORING: 2-centre of floor large scratch see tape				
8549	LIVING/DINING ROOM- FLOORING: 3-chipped floor by 3ft from centre wall see tape				
8550	LIVING/DINING ROOM- FLOORING: 4- several boards by entry to guest bedroom scratched see tape				

Date Comply	eted:		
Date Comple		2004	

Amacon Gustomer 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# 8547/8548/8549/8550 Eve Ph 1 Lot 2705