



L I V E W E L L

**Warranty Services
Work Order**

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

Location	<u>Eve - Tower: 1 - Unit: 2805</u>
Closing Date	
Date	<u>04Feb09</u>
Contact Name(s)	
Contact Telephone#	
Company:	<u>DECC Electric</u>
Attention:	
Telephone:	
Fax:	<u>(905) 669-8238</u>
From:	<u>Warranty Services Department - Head Office</u>

Please complete the following items:				
Deficiency Number	Issue		Appointment Date/Time	Notes
8687	KITCHEN-ELECTRICAL/LIGHTING-dishwasher outlet missing --none under sink			

Date Completed:

Feb 05/09

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# 8687 Eve Ph 1 Lot 2805