

LIVE WELL

Warranty Services Work Order

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

Location	Eve - Tower: 1 - Unit: 3206
----------	-----------------------------

3206 - 3515 Kariya

Closing Date Date

0000 12Feb09 Peter Luzar

Contact Name(s) Contact Telephone#

Company:

Lisi Mechanical

Attention:

Telephone: Fax:

(416) 674-5309

Warranty Services Department - Head Office From:

Please complete the following items:				
Deficiency Number	Issue		Appointment Date/Time	Notes
11635	MAIN BATHROOM- TOILET: 1-tank lid scRATCHED, see tape	V		
	ENSUITE BATHROOM- TUB: 3- water still coming from spout when shower is running			

Date Completed:

Amacon Cystomer 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.

Back - Forms Menu

ID# 11635/11645 Eve Ph 1 Lot 3206