



Warranty Services Work Order

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

Location	<u>Eve - Tower: 1 - Unit: 511</u>
Closing Date	
Date	<u>11Feb09</u>
Contact Name(s)	
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 Date/Time	Notes
10693	LIVING/DINING ROOM-ELECTRICAL/LIGHTING-fancoil missing filter -see tape	X		
10694	LIVING/DINING ROOM-ELECTRICAL/LIGHTING: 1-SF on thermostat - -see tape	X		
10723	KITCHEN- SINK-faucet not working properly -see tape	X		

Date Completed:

FEB 12 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.

[Back - Forms Menu](#)

ID# 10693/10694/10723 Eve Ph 1 Lot 511