

Warranty Services Work Order

LIVE WELL

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

Location	Eve - Tower: 1 - Unit: 802
	<u>802 - 3515 Kariya</u>
Closing Date	<u>0</u> 0 <u>00</u>
Date	<u>09Jan0</u> 9
Contact Name(s)	Christopher H. Parina and Dinah Parina
Contact Telephone#	
Company:	Tops Drywall
Attention:	
Telephone:	
Fax:	(<u>905) 629-4988</u>
From:	Warranty Services Department - Head Office

Please complete the following items:	Y
Deficiency Number Issue	Appointment Notes Date/Time
FOYER / ENTRY- WALLS-corners rough where taped	
2034 LIVING/DINING ROOM- WALLS: 1-corners rough at entrance to bedrooms where taped	

	_	
Date Comp	oleted:	les
To Charles	Contract in	 }

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# 3029/3034 Eve Ph 1 Lot 802