## AMACON

## **Warranty Services** Work Order

LIVE WELL

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

Location	<b>Eve - Tower: 1 - Unit: 2110</b>
	<u> 2110 - 3515 Kariya</u>
Closing Date	0000
Date	<u>19Jan09</u>
Contact Name(s)	Margarita Lontoc
Contact Telephone#	
Company:	Amacon Service
Attention:	<u>Carlos Bravo</u>
Telephone:	
Fax:	(905) 848-2827
From:	Warranty Services Department - Head Office

Please c	omplete the following items:	<del></del> _		
Deficiency	Issue		Appointment	Notes
Number	/		Date/Time	
6696 V	FOYER / ENTRY- DOORS-frame right side of entry door scratched		L. Sandarde Sandard	
		<u> </u>		
6697	LIVING/DINING ROOM- WINDOWS-caulking on aluminum top Jeft corner balcony door			
6698 /	LIVING/DINING ROOM- WINDOWS: 1-scratchon aluminum frame to left of balcony door 4 feet from floor			
6700 /	LIVING/DINING ROOM- WALLS- right wall drywall rough/dented where marked		<b>X</b>	
6701 /	LIVING/DINING ROOM- WALLS: 1- DRYWALL DENTED left of window 4 feet from floor			'
6702	MASTER BEDROOM- WALLS- DRYWALL chipped left wall 4 feet from closet			
6703 /	MASTER BEDROOM- WALLS: 1- DRYWALL DENTED below outlet by telephone jack			
6704	MASTER BEDROOM- WALLS: 2- paint overbrushed along left window edge			
6705 ~	MASTER BEDROOM- FLOORING- excessive gap to left of cloest			

6706	MASTER BEDROOM- FLOORING: 1-mark on carpet left of closet	V	
	MASTER BEDROOM- FLOORING: 2-marks on baseboard below outlet by telephone jack		
	MASTER BEDROOM- WINDOWS- remove caulking from ALUMINUM frame right side	V	
	MASTER BEDROOM- WINDOWS: 1-caulking needed along top of windows		OK
	MAIN BATHROOM- WALLS- DRYWALL DENTED at towel rack	1/	
6711	MAIN BATHROOM- DOORS-mark on exterior of door above handle		
6712 ,	MAIN BATHROOM- DOORS: 1-chip interior door frame 5 feet from floor		
6713	MAIN BATHROOM- ELECTRICAL/LIGHTING-straighten light switch cover		
6717	KITCHEN- WALLS-DRYWALL discoloration right wall at island	1	
6718	LAUNDRY CLOSET- NOTE-dryer door loose and dryer sits crooked		
72 <b>7</b> 9	KITCHEN- CABINETS-realign upper cabinets		Kitchens

Date Compl	eted:	
the state of	22/09	16/
	3	8

r 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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**Forms** Menu

**ID**#

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