AMACON

## **Warranty Services** Work Order

LIVE WELL

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

Location	Eve - Tower: 1 - Unit: 2807 2807 - 3515 Kariya		
Closing Date	0000		
Date	<u>05Feb09</u>		
Contact Name(s)	Qian Cao		
Contact Telephone#			
Company:	Amacon Service		
Attention:	Carlos Bravo		
Telephone:			
Fax:	(905) 848-2827		
From:	Warranty Services Department - Head Office		

Please complete the following items:							
Deficiency Number	Issyle		Appointment  Date/Time	Notes			
	FOYER / ENTRY- WALLS-baseboard leftside - chipped -see tape						
	LIVING/DINING ROOM- FLOORING-cracks by edges on floor centre area -see tape						
II /	LIVING/DINING ROOM- WALLS- entering livingroom leftside by security panel - black marks - see tape						
9123	LIVING/DINING ROOM- WALLS: 1- left wall by window - several large scratches -see tape						
ti A	LIVING/DINING ROOM- WALLS: 2- right wall between kitchen entry and master entry several black marks see tape						
II /I	MASTER BEDROOM- WALLS-wall in nook right corner edges scratched - see tape						
11 4	MASTER BEDROOM- WALLS: 1- jmould around window needs caulking - see tape						
	MASTER BEDROOM- WALLS: 2- centre wall by ensuite entry paint touchups needed -see tape						
II / I	MASTER BEDROOM- WALLS: 3-rightside of entry black marks -see tape						

		<u></u>		
✓	MASTER BEDROOM- ELECTRICAL/LIGHTING-electrical panel scratched -see tape			
	MASTER BEDROOM- WINDOWS- window frame scratched - several spots see tape		/	
	MASTER BEDROOM- ELECTRICAL/LIGHTING: 1-fancoil døor scratched - see tape	·/		
9132	DEN- WALLS-by guest bedroom entry spratched -see tape		_	
9133	MAIN BATHROOM- WALLS-wall by toilet dirty wall needs paint touchup see tape			
	KITCHEN- WINDOWS-jmould surrounding window needs to be fixed gaps see tape	<b>√</b>		
9137	KITCHEN- WALLS-bulkhead above fridge several chipps on edge			

Date Completed:

istonder 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)

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# 9120/9121/9122/9123/9124/9125/9126/9127/9128/9129/9130/9131/9132/9133/9136/9137 Eve Ph 1 Lot 2807