

LIVE WELL*

Warranty Services Work Order

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

Location	Eve - Tower: 1 - Unit: 3603
	<u>3603 - 3515 Kariya</u>
Closing Date	0000
Date	<u>01Apr09</u>
Contact Name(s)	Michelle Sue and Mark Harris
Contact Telephone#	
Company:	Allan Windows
Attention:	
Telephone:	
Fax:	(905) 738-198 <u>8</u>
From:	Warranty Services Department - Head Office

Please complete the following items:					
Deficiency Number	Issue		Appointment Date/Time	Notes	
	GUEST BEDROOM 2- WINDOWS- ALUMINUM THRESHOLD loose, seeTAPE				

Date Comp	oleted:/	
MARCH	14/09	
7 . 7 . 7 . 7 . 7 . 7 . 7	7	

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.

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ID# 12622 Eve Ph 1 Lot 3603