



LIVE WELL

Warranty Services
Work Order

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

Location	<u>Eve - Tower: 1 - Unit: 605</u>
	<u>605 - 3515 Kariya</u>
Closing Date	<u>0000</u>
Date	<u>05Jan09</u>
Contact Name(s)	<u>Daniel Jennings</u>
Contact Telephone#	
Company:	<u>Amacon Service</u>
Attention:	<u>Carlos Bravo</u>
Telephone:	
Fax:	<u>(905) 848-2827</u>
From:	<u>Warranty Services Department - Head Office</u>

Please complete the following items:				
Deficiency Number	Issue		Appointment Date/Time	Notes
519	LIVING/DINING ROOM- WALLS-rightside bottom by window sill cracked	Check if this metro deficiency		
520	LIVING/DINING ROOM- WALLS: 1-left edge of wall 3' up chipped			
521	GUEST BEDROOM 1- WALLS- leftside under window ledge dented			
522	GUEST BEDROOM 1- WALLS: 1-rightside centre of wall 3' up cracked			
523	GUEST BEDROOM 1- WALLS: 2-rightside of room ---bottom right of outlet dented			
524	GUEST BEDROOM 1- WALLS: 3-entry way rightside 3' black marks and chipped			
525	MASTER BEDROOM- WALLS- leftside of fire alarm signal black marks			
526	MASTER BEDROOM- WALLS: 1-rightside of telephone jack 2' over dents			
527	MASTER BEDROOM- WALLS: 2-leftside when entering corner			

	cracked			
661	MASTER BEDROOM- CEILING- centre in front of window cracked on ceiling	please check and advise	<input checked="" type="checkbox"/>	
664	MASTER BEDROOM- CEILING: 2-above door by bulkhead chipped		<input checked="" type="checkbox"/>	
666	MASTER BEDROOM- CLOSET- bifold doors both sides scratched		<input checked="" type="checkbox"/>	
676	KITCHEN- WINDOWS-large window caulking needs to be cleaned up		<input checked="" type="checkbox"/>	
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680	KITCHEN- WALLS: 1-rightside of sliding doors 2.5' up dented		<input checked="" type="checkbox"/>	
683	GUEST BEDROOM 1- WALLS: 2-rightside of room ---bottom right of outlet dented		<input checked="" type="checkbox"/>	
684	KITCHEN- DOORS-balcony door is not locking properly --door doesn't lock			lock broken (Callan is working)
690	MAIN BATHROOM- WALLS- nick rightside by toilet		<input checked="" type="checkbox"/>	

Date Completed:
Jan 08/09 18

Amacon Customer Care Signature:
Mark Fritz

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.