



LIVE WELL

Warranty Services
Work Order

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

Location	<u>Eve - Tower: 1 - Unit: 807</u>
	<u>807 - 3515 Kariya</u>
Closing Date	<u>0000</u>
Date	<u>05Dec08</u>

Forms - Work Order - Logged in user is: Mark Fritz

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Warranty Services
Work Order

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

Location	<u>Eve - Tower: 1 - Unit: 806</u>
	<u>806 - 3515 Kariya</u>
Closing Date	<u>0000</u>
Date	<u>09Jan09</u>
Contact Name(s)	<u>Patsyenne Garrity</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
803	LIVING/DINING ROOM- WALLS-BLACK MARKS 2FEET BACK FROM WINDOWS LEFT SIDE NEED CLEANING		✓	
817	ENSUITE BATHROOM- FLOORING-PAINT SLZTTTERS TO CLEAN FRONT OF VANITY		✓	
820	KITCHEN- CABINETS: 1- WARRANTIES & INFORMATION BOOKS MISSING FROM TOP DRAWER	pina	-	mark.
1526	KITCHEN- APPLIANCE- FRIDGE FRONT SCRATCHED FRIDGE DOOR	Verify and if this is the case call Whirlpool service	-	mark.

Date Completed:

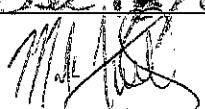
Jan 09 / 09 18

Amacon Customer Care Signature:

[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

858	KITCHEN- CABINETS-bottom right of sliding door first cabinet cracked			Kitchen's
860	KITCHEN- CABINETS: 1-missing shelves in cabinet left of fridge			" "
861	KITCHEN- CABINETS: 2-brackets for shelves missing in cabinet above dishwasher		✓	
864	KITCHEN- WALLS-dented leftside of entry on baseboard entering kitchen		✓	

Date Completed: Dec 13/08 18 Purchaser Signature: _____
The Purchaser acknowledges and accepts all work has been completed in a workmanlike manner.

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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Mail