## AMACON

## Warranty Services Work Order

LIVE WELL

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

Location	<u>Eve - Tower: 1 - Unit: 810</u> 810 - 3515 Kariya	<del></del>
Closing Date	0000	
Date	<u>05Dec08</u>	
Contact Name(s)	Kathryn Nicer	
Contact Telephone#		
Company:	- Amacon Service	
Attention:	Carlos Bravo	-
Telephone:	,	ŀ
Fax:	(9 <u>05) 848-2827</u>	
From:	Warranty Services Department - Head Office	

Please complete the following items:						
Deficienc Number	y Issue		Appointment Date/Time	Notes		
871	FOYER / ENTRY- WALLS- DRYWALL marked wall opposite door 3/feet from floor					
872 i	FOYER / ENTRY- WALLS: 1- DRYWALL marked right wall 1 foot from corner					
873	FOYER / ENTRY- DOORS-rough finish		Land			
913	LIVING/DINING ROOM- WINDOWS-CAULKING bottomwindiw					
914 L	LIVING/DINING ROOM- WALLS- center column between window excessive gap bottom right side		Jan Maria			
916 🔻	MASTER BEDROOM- WALLS- DRYWALL DENTED top left corner of electrical panel					
917	MASTER BEDROOM- WALLS: 1- DRYWALL marked 2 feet from window right wall		Lordon			
918 V	MASTER BEDROOM- WALLS: 2- DRYWALL marked below cable outlet					
923 🗸	MASTER BEDROOM- WINDOWS- CLEAN CAULKING top right corner and aling top of right window					

926	/	KITCHEN- CABINETS-SHELF needs to be installed lower cabINET by fridge		
928	/	KITCHEN- CABINETS: 1-SHELF MISSING left of microwave NEXT TO SINK		Kitchen's
930	<i></i>	KITCHEN- CABINETS: 2-SHELF MISSING cabinets on both sude if stove		
932		KITCHEN- CABINETS: 3-GABLE END stained 4 feet from floor		Kitchen's
933		KITCHEN- CABINETS: 4-CORNER CABINET needs cleaning		4
93 <i>5</i>	ì	KITCHEN- CABINETS: 5-DRAWERS FRONT not centred on bottom drawer		Kitchens
936		KITCHEN- CABINETS: 6-bottom of cabinets need cleaning		

Date Completed:	Dec	17/08	And Andrews
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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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