AMACON

LIVE WELL

Warranty Services Work Order

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

Location	Eve - Tower: 1 - Unit: 907
	<u>907 - 3515 Kariya</u>
Closing Date	0000
Date	<u>25Jan09</u>
Contact Name(s)	Peter Bovell and Coleen Bovell
Contact Telephone#	
Company:	Amacon Service
Attention:	<u>Carlos Bravo</u>
Telephone:	
Fax:	(905) 848-2827
From:	Warranty Services Department - Head Office

Please c	omplete the following items:	 	
Deficiency Number	Issue	Appointment Date/Time	Notes
	MAIN BATHROOM- DOORS: 1- CAULKING REQUIRED AROUND CASING by shower		
3411	ENSUITE BATHROOM- TUB-mark rear left at top of tub		

Date Completed: LOC?

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# 3407/3411 Eve Ph 1 Lot 907