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PASS  
- GUC 3202

# TARION

PERFECTING OUR LIVES NEW HOME BUYERS

## STATUTORY WARRANTY FORM

### Year-End Form

TO NOTIFY TARION OF OUTSTANDING WARRANTY ITEMS, COMPLETE AND SUBMIT THIS FORM  
IN THE FINAL 30 DAYS OF THE FIRST YEAR OF POSSESSION OF YOUR HOME.

YOU MAY SUBMIT ONLY ONE YEAR-END FORM.

Submit this Form to Tarion Customer Centre, located at 5150 Yonge Street, Concourse Level, Toronto, Ontario M2N 6L8, in person, by mail or courier, or by fax to 1-877-664-9710. See your Homeowner Information Package for details about submitting this Form. Send a copy of the completed Form to your Builder and keep a copy for yourself. Please print all information.

Home Identification Information (Refer to your Certificate of Completion and Possession to complete this box.)

|                                                                  |                  |                                                                  |
|------------------------------------------------------------------|------------------|------------------------------------------------------------------|
| 2009/09/03                                                       | 32628            | 1512446                                                          |
| Date of Possession (YYYY/MM/DD)                                  | Vendor/Builder # | Enrolment #                                                      |
| <b>Civic Address</b> (address of your home under warranty):      |                  |                                                                  |
| 3515                                                             | KARIMA DRIVE     |                                                                  |
| Street Number                                                    | Street Name      | Condo Suite # (if applicable)                                    |
| MISSISSAUGA                                                      | ONT              | 3202                                                             |
| City/Town                                                        | Postal Code      | Lot #                                                            |
| <b>Contact Information of Homeowner(s):</b>                      |                  | Project/Subdivision Name                                         |
| FATIMA & NASEEB RASUL                                            |                  | NASEEB RASUL                                                     |
| Homeowner's Name                                                 |                  | Homeowner's Name (if applicable)                                 |
| (905) 646-9226                                                   |                  | (416) 302-2296                                                   |
| Daytime Phone Number                                             |                  | Daytime Phone Number                                             |
| ( ) -                                                            |                  | ( ) -                                                            |
| Evening Phone Number                                             |                  | Evening Phone Number                                             |
| ( ) -                                                            |                  | ( ) -                                                            |
| Fax Number                                                       |                  | Fax Number                                                       |
| fatima.Rasul@hotmail.com                                         |                  |                                                                  |
| Email Address                                                    |                  | Email Address                                                    |
| Check this box if you are not the original registered homeowner. |                  | Check this box if you are not the original registered homeowner. |

Mailing Address for Correspondence to Homeowner (if different from Civic Address above)

|               |                 |                               |
|---------------|-----------------|-------------------------------|
| 681           | MACBETH HEIGHTS |                               |
| Street Number | Street Name     | Condo Suite # (if applicable) |
| MISSISSAUGA   | ONT             | L5W 1E6                       |
| City/Town     | Province        | Postal Code                   |

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