


AMACON

LIVE WELL

 70
**Warranty Services
Work Order**

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


Location	<u>Eve - Tower: 1 - Unit: 805</u>
	<u>805 - 3515 Kariya</u>
Closing Date	<u>0000</u>
Date	<u>10Mar10</u>
Contact Name(s)	<u>Kamil Ksiazek and Helen North</u>
Contact Telephone#	
Company:	<u>Amacon Service</u>
Attention:	<u>Mark Fritz</u>
Telephone:	
Fax:	<u>9 (052) 32--4637</u>
From:	<u>Warranty Services Department - Head Office</u>

Please complete the following items:			
Deficiency Number	Issue	Appointment Date/Time	Notes
14802	Foyer- Threshold crack	MARCH 11/10	COMMON AREA.

Date Completed:

MARCH 11 / 10

Amacon Customer Care Signature:


 (common area)

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# 14802 Eve Ph 1 Lot 805

AMACON DEVELOPMENT

AMACON SERVICE REQUEST FORM

PLEASE MAIL, FAX OR SUBMIT ON-LINE

AMACON CONSTRUCTION LTD.

2 HARBOUR STREET, TORONTO, ON M5H 1A1

TEL: 905-882-2222 FAX: 905-882-2227 905-232-4637 (Fax to Amacou)
or (905) 882-4636 CUSTOMER CARE

ATTENTION CUSTOMER CARE: MISS KARIYA DE

TEL: 905-882-2222 FAX: 905-882-2227

NAME: KAMIL VSIATSEK RATE: 805

DEVELOPMENT NAME: Amacou ADDRESS: 3515 KARIYA DRIVE

RES. TEL: 647 2731320 BUS. TEL: CELL:

FAX: EMAIL:

DATE OF REQUEST: MAR 3/10

SERVICE REQUEST:

1. MASTER SUITE TOILET LEAKING

2. WATER INSIDE THE RIM

3. (under the rim)

4.

5.

6.

7.

8. I submitted today

9.

10.

DONE MARCH 3, 2010