

A M A C O N

L I V E W E L L

**Warranty Services
Work Order**

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

Location	<u>Eve - Tower: 1 - Unit: 1806</u> <u>1806 - 3515 Kariya</u>
Closing Date	<u>0000</u>
Date	<u>29Mar10</u>
Contact Name(s)	<u>Ewa Domagalska</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
18446	Living Room- Client has visible patches on South/East wall also South/West and North/east wall.			
18447	Main Bathroom- Fan makes noise			
18450	Living Room- Balcony door along step caulk is cracked			

Date Completed: _____

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# 18446/18447/18450 Eve Ph 1 Lot 1806