

# STATUTORY WARRANTY FORM



## Second-Year Form

*Hu wishes  
Alan to meet*

TO NOTIFY TARION OF OUTSTANDING WARRANTY ITEMS, COMPLETE AND SUBMIT THIS FORM  
DURING THE SECOND YEAR OF POSSESSION OF YOUR HOME.

YOU MAY SUBMIT MORE THAN ONE SECOND-YEAR FORM IF NEW ITEMS ARISE.

Submit this Form to the 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 / 01 / 19                                                                                       |  | 33372            |                                                                                           | 1512221                       |  |
| Date of Possession (YY/MM/DD)                                                                        |  | Vendor/Builder # |                                                                                           | Enrolment #                   |  |
| Civic Address (address of your home under warranty)                                                  |  |                  |                                                                                           |                               |  |
| 3515                                                                                                 |  | KARITA DRIVE     |                                                                                           | 309                           |  |
| Street Number                                                                                        |  | Street Name      |                                                                                           | Condo Suite # (if applicable) |  |
| MISSISSAUGA                                                                                          |  | L5B 0C1          |                                                                                           |                               |  |
| City/Town                                                                                            |  | Postal Code      |                                                                                           | Lot #                         |  |
| Contact Information of Homeowner(s)                                                                  |  |                  |                                                                                           |                               |  |
| SAM CHIH-SHONG CHOU                                                                                  |  |                  | Project/Builder Name                                                                      |                               |  |
| Homeowner's Name                                                                                     |  |                  | Homeowner's Name (if applicable)                                                          |                               |  |
| (647) 892 42 1970                                                                                    |  |                  | ( ) -                                                                                     |                               |  |
| Daytime Phone Number                                                                                 |  |                  | Daytime Phone Number                                                                      |                               |  |
| (416) 920 - 3434 x246                                                                                |  |                  | ( ) -                                                                                     |                               |  |
| Evening Phone Number                                                                                 |  |                  | Evening Phone Number                                                                      |                               |  |
| (905) 940 - 0568                                                                                     |  |                  | ( ) -                                                                                     |                               |  |
| Fax Number                                                                                           |  |                  | Fax Number                                                                                |                               |  |
| SAM CHOU CA @ YAHOO.CA                                                                               |  |                  | Email Address                                                                             |                               |  |
| Email Address                                                                                        |  |                  | Email Address                                                                             |                               |  |
| <input checked="" type="checkbox"/> Check this box if you are not the original registered homeowner. |  |                  | <input type="checkbox"/> Check this box if you are not the original registered homeowner. |                               |  |

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

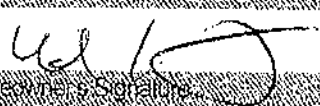
|               |  |                 |  |                               |  |
|---------------|--|-----------------|--|-------------------------------|--|
| 29            |  | Beechgrove Cres |  |                               |  |
| Street Number |  | Street Name     |  | Condo Suite # (if applicable) |  |
| Markham       |  | ON              |  | L3R 4Z1                       |  |
| City/Town     |  | Province        |  | Postal Code                   |  |

## Outstanding Warranty Items

Check the applicable boxes and describe within the appropriate categories below, any second year warranty items that you wish to report. If you require more space, please supply additional pages and reference the numbered items in this table.

|                                     |                                                                                                        |                                                               |
|-------------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/>            | 1. Water penetration of basement or foundation                                                         |                                                               |
| <input checked="" type="checkbox"/> | 2. Water penetration of the rest of your building envelope (e.g. windows, doors, roof, exterior walls) | LIVING ROOM WINDOWS, BEDROOM WINDOWS<br>WALLS ARE NOW MOULDED |
| <input type="checkbox"/>            | 3. Electrical system defects (e.g. wires, conduits, pipes, junctions, switches, receptacles and seals) |                                                               |
| <input type="checkbox"/>            | 4. Plumbing system defects (e.g. wires, conduits, pipes, junctions, switches, receptacles and seals)   |                                                               |
| <input type="checkbox"/>            | 5. Heating system defects (e.g. wires, conduits, pipes, junctions, switches, receptacles and seals)    |                                                               |
| <input type="checkbox"/>            | 6. Exterior cladding defects (e.g. exterior wall coverings, including siding and above grade masonry)  |                                                               |
| <input type="checkbox"/>            | 7. Masonry defects                                                                                     |                                                               |
| <input type="checkbox"/>            | 8. Violations of the Ontario Building Code's health and safety provisions                              |                                                               |

The items specified on this Statutory Warranty Form constitute a complete list of all known two year warranty items which are outstanding and have not been resolved by my Builder in care of:

Homeowner's Signature: 

Homeowner's Signature (if applicable):

2011/01/19  
Date of Signature (YYYY/MM/DD)

**Remember to send a copy of this completed Form to your Builder.**

Please note that you should allow your Builder's representatives or subcontractors access to your home during regular business hours, at a mutually acceptable time arranged in advance, in order to complete the necessary work. Failure to do so may jeopardize your warranty rights.

TARN-2YRF-03.02

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For additional information about new home warranty protection, visit our website at [www.tarnion.com](http://www.tarnion.com) or call us at 1-877-917-ARION (1-877-982-7466).