

AMACON DEVELOPMENT

AMACON SERVICE REQUEST FORM

PLEASE MAIL, FAX OR SUBMIT ONLINE

AMACON CONSTRUCTION LTD.

2 HARRISON STREET, TORONTO, ON M5S 2B7

ATTENTION CUSTOMER CARE: 305 KARINA DR

(416) 363-4636

TELE: 416-363-5063 FAX: 416-363-5066 G05-232-4637 (FAX TO AMACON)

NAME: MR. RICHARD DEVEREUX

ADDRESS: 311 KARINA

CITY: TORONTO

STATE: ONTARIO

DATE OF REQUEST: DEC 9

SERVICE REQUESTED:

REMOVAL OF EXISTING PLUGS

ITEM REMOVED FROM SERVICES

SOIL AT EXISTING ELECTRICAL PLUG

WIRING REMOVED

ALTHOUGH FOR SOURCE ENERGY INC

Completed Dec. 10. 09

ID# 16849/16856/16869 Eve Ph 1 Lot 3207

Black - Forms Menu

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 its group of companies) the right to carry out any and all repairs. All costs incurred will be applied to the Company listed above.					

Date Completed: Amacon Customer Care Signature:

Deficiency Number	Issue	Appointment	Date/Time	Notes			
16869	ENSUITE BATHROOM- CILING.						
16856	LIVING/DINING ROOM- WALLS: I-	/					
16849	Foyer / Entry- Walls: I-re-paint	/					

Please complete the following items:

Location	Eve - Tower: 1 - Unit: 3207	Closing Date	14Dec09	Contact Name(s)	Mark Fritz	Company:	Amacon Service	Attention:	Mark Fritz	Telephone:		Fax:	(905) 32-4637	From:	Warranty Services Department - Head Office	
Date																

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

Work Order

Warranty Services

AMACON

ID# 16850/16851/16852/16853/16854 EVE Ph 1 Lot 3207

Black - Formsullen

<p>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.</p> <p>Failure to comply with this request will give Amacon Developments (and its group of companies) the right to carry out any and all repairs. All costs incurred will be applied to the Company listed above.</p>	
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Date Completed: Dec 10/09
Amacon Customer Care Signature:

Deficiency	Issue	Notes	Date/Time	Appointment	Scratches in front of kitchens	Window 11 boards from left wall	mold scratches board 6 boards from right edge of t-	clean scuff marks	LIVING/DINING ROOM- FLOORING: 3-	LIVING/DINING ROOM- FLOORING: 4-	mol'd	
16851	LIVING/DINING ROOM- FLOORING: 1-											
16852	LIVING/DINING ROOM- FLOORING: 2-t-											
16853	LIVING/DINING ROOM- FLOORING: 3-											
16854	LIVING/DINING ROOM- FLOORING: 4-											

Please complete the following items:

Location	EVE - Tower 1 - Unit: 3207	Closing Date	14Dec09	Date	14Dec09	Contact Name(s)	Barwood Flooring	Company	Barwood Flooring	Attention:	Barwood Flooring	Telephone:	(416) 431-2393	Fax:	Warranty Services Department - Head Office	From:
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Phone: (905) 848-2069 Fax: (905) 848-2827

Work Order

Warranty Services

AMACON