

EC  
3603**FAX COVER SHEET**

<b>SEND TO:</b> Amacon	<b>FROM:</b> Michelle Sue & Mark Harris
<b>ATTENTION:</b>	<b>OFFICE LOCATION:</b>
<b>OFFICE LOCATION:</b>	<b>DATE:</b> January 3, 2011
<b>FAX NUMBER:</b> 416-369-9068	<b>PHONE NUMBER:</b> 905-232-4203 (home) 416-557-7437 (cell)

TOTAL PAGES, INCLUDING COVER: 3

**COMMENTS:**Statutory Warranty Form  
Second Year FormEnrolment #1512469  
Builder #33372Owners: Michelle Sue and Mark Harris  
3603-3515 Kariya Drive  
Mississauga, Ontario  
L5B 0C1  
905-232-4203 (home)  
416-557-7437 (cell)

# STATUTORY WARRANTY FORM

## Second-Year Form



PROTECTING ONTARIO'S NEW HOME BUYERS

**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 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 / 02 / 25

33372

1512469

3515

KARIYA DRIVE

3603

MISSISSAUGA

L5B 0C1

EVE

CONDOMINIUMS

MICHELLE SUE

MARK HARRIS

(416) 557 - 7437

(416) 704 - 5852

(905) 232 - 4203

(905) 232 - 4203

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( ) -

loseyourmindtoo@hotmail.com

loseyourmindtoo@hotmail.com

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

CIVIC ADDRESS

1512469

**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"/>	Water penetration of basement or crawlspace
<input checked="" type="checkbox"/>	In guest bedroom #2, water leak from the exterior near the windows, ONLY in very heavy rain; this occurs very infrequently (about once every 1 to 2 months)
<input checked="" type="checkbox"/>	can often hear a RATTLING NOISE (like 2 pipes) in main bathroom (this is RANDOM & only lasts a few minutes at a time)
<input checked="" type="checkbox"/>	Low hot water pressure and temperature occasionally in the ENTIRE suite (only lasts a few minutes at a time); sometimes low hot water temp/pressure only in master ensuite
<input checked="" type="checkbox"/>	The guest bedroom 1 & 2 are too cold in winter and too hot in summer (?need adjustment to A/C & heating for these rooms)
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

The undersigned hereby certifies that the above information is true and correct to the best of their knowledge and belief.

*Michelle Lina*

*[Signature]*

Printed Name (Last, First, Middle)

2011 / 01 / 03

Printed Date (MM/DD/YYYY)

**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.