

A M A C O N**Warranty Services
Work Order**

Phone: (905) 232-4636 Fax: (905) 232-4637

L I V E W E L L

Location	<u>Elle - Tower: Elle - Unit: 1006</u> <u>6620 EASTRIDGE ROAD</u>
Closing Date	<u>0000</u>
Date	<u>28Jul10</u>
Contact Name(s)	<u>Melissa Smith</u>
Contact Telephone#	<u>Res: (905) 826-9382 Bus: (416) 742-0247</u>
Company:	<u>Title Source</u>
Attention:	<u>Matthew Paric</u>
Telephone:	<u>(905) 660-7737</u>
Fax:	<u>(905) 660-7949</u>
From:	<u>Warranty Services Department - Head Office</u>

Please complete the following items:

Deficiency Number	Issue		Appointment Date/Time	Notes
20054	KITCHEN- BACKSPLASH-grout missing left of microwave	☒	☐	<i>Work done</i>

Date Completed: Aug 05

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# 20054 Elle Ph Elle Lot 1006

Mail