

LIVE WELL

Warranty Services
Work Order

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

Elle
105

Location	<u>Elle - Tower: Elle - Unit: 105</u>
Closing Date	<u>0000</u>
Date	<u>17Jul10</u>
Contact Name(s)	<u>Condo Hold</u>
Contact Telephone#	
Company:	<u>Allan Windows</u>
Attention:	
Telephone:	
Fax:	<u>(905) 738-1988</u>
From:	<u>Warranty Services Department - Head Office</u>

Please complete the following items:				
Deficiency Number	Issue		Appointment Date/Time	Notes
18776	KITCHEN- WINDOWS-ALUMINUM SILLS THRESHOLD			<i>DONE</i>

Date Completed:

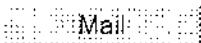
Amacon Customer Care Signature:

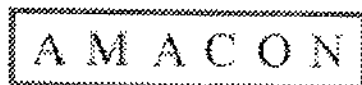
Please schedule your Service Department to complete work on the above Unit. Should no appointment time or date appear (below) on this form, it is your responsibility to arrange and adhere to the appointment you have scheduled. Your service representative **must have** this form signed by homeowner on 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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Please complete the following items:				
Deficiency Number	Issue		Appointment Date/Time	Notes
18776	KITCHEN- WINDOWS-ALUMINUM SILLS THRESHOLD			DONE (2)

Date Completed:

Amacon Customer Care Signature:

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