

Outstanding items must be specifically listed and described.

A reference to the Pre-Delivery Inspection Form or to other documentation will not be accepted.

Outstanding Items

List all outstanding items covered by the statutory warranty in the table below. If you require more space, please make copies of this page, number them and attach them to this Statutory Warranty Form.

[illegible]

The items specified on this Statutory Warranty Form constitute a complete list of all known warranty items which are outstanding and have not been resolved by my Builder to date.

Homeowner's Signature _____

Homeowner's Signature (if applicable)

2010 / 10 / 28
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.

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Item	Room/Location	Description
17	TOILET	INSIDE TOILET DIRTY
18	BATHROOM	SCRATCHES AND DENTS ON DOOR FRAME
19	KITCHEN	CABINET ABOVE MICROWAVE RUBBING
20	KITCHEN	CABINET DOORS ARE DAMAGE
21	KITCHEN	DRAWERS ARE DISCLOURED
22	KITCHEN	COUNTER TOP IN TWO PIECES AND ROUGH FINISHING
23	KITCHEN	BACK WALL DENTS
24	CLOSET DOOR	LAUNDRY CLOSET NOT FINISHED AND PAINT REQUIRED
25	DOOR	ENTIRE BALCONY FRAME NEED TO PAINT
26	BALCONY	ROOF AND FLOOR NOT FINISHED
27	FRIDGE	COMPRESSOR MAKING SOUND
28	DISH WASHER	CAN NOT LOCK DISH WASHER DOOR
29	APPLIANCES	MANUAL MISSING DISH WASHER, STOVE, MICRO WAVE
30	T/U UNIT	WALL PAINT SPRINKLES IN THE WHOLE UNIT. CLEANING REQUIRED ON FLOOR AND KITCHEN CABINET.
31	BALCONY	NOT CLEAN
32	BATHROOM	DOOR NEED PAINT. ROUGH FINISHED

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TO NOTIFY TARION OF OUTSTANDING WARRANTY ITEMS, COMPLETE AND SUBMIT THIS FORM BEFORE THE END OF THE FIRST 30 DAYS OF POSSESSION OF YOUR HOME.

YOU MAY SUBMIT ONLY ONE 30-DAY FORM.

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 1-877-864-9710. 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.)

2010 109 129 333 72 1629666
 Date of Possession (YYYY/MM/DD) Vendor/Builder # Enrolment #

3525 KARIYA DRIVE 1110
 Street Number Street Name Condo Suite # (if applicable)

MISSISSAUGA L5B0C2 PT. 16
 City/Town Postal Code Lot #

Contact Information of Homeowner(s):

MUHAMMAD NOUMAN JALEEL
 Homeowner's Name

(416) 823 - 8494
 Daytime Phone Number

(416) 823 - 8494
 Evening Phone Number

() -
 Fax Number

RIGHTCHOICE44@HOTMAIL.COM
 Email Address

Check this box if you are not the original registered homeowner.

KAHKASHAN NOUMAN
 Homeowner's Name (if applicable)

(416) 823 - 8494
 Daytime Phone Number

(416) 823 - 8494
 Evening Phone Number

() -
 Fax Number

Email Address

Check this box if you are not the original registered homeowner.

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

Street Number Street Name Condo Suite #
 (if applicable)

City/Town Province Postal Code

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Item #	Room/Location	Description
①		Outer and Inner Entry Door broken from outside and Paint required from both Sides.
2	Foyer	Touch up of Paint required Left of entry door.
3	Door Entry	Entry Door is Squeaky.
4	Door Main	Paint required on doorframe.
5	FLOORING	SCRATCHES IN FRONT OF LIVING KITCHEN.
6	FLOORING	SCRATCHES IN FRONT OF BED ROOM
7	FLOORING	SCRATCHES RIGHT OF BALCONY DOOR
8	FLOORING	SCRATCHES AROUND LIVING AREA
9	WALLS	P TOUCH UP PAINT REQUIRED T/U REQUIRED IN LIVING AREA.
10	BDRM DOOR	ROUGH FINISH ON DOOR
11	BDRM WALL	TOUCH UP PAINT T/U
12	BDRM DOOR	DAMAGE DOOR FRAME
13	BDRM CLOSET	ROUGH PAINT AND DAMAGE DOOR FRAME
14	BDRM WINDOW	BOTTOM OF WINDOW NEED CAULKING
15	DEN	DAMAGE FLOORBOARDS
16	BATHROOM	TOUCH UP WALL T/U

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2010/09/28/28
Date of Signature (YYYYMMDD)

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