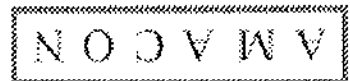


PDI

Warranty Services
Work Order

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



LIVE WELL

Location	Elle - Tower: Elle - Unit: 202
Closing Date	0000
Date	17Jul10
Contact Name(s)	Moheb M. Rizkallah and Samia Z. Rizkallah
Contact Telephone#	Res: (905) 790-1770
Company:	Metro Carpentry
Attention:	
Telephone:	
Fax:	9 (05-) 738--425
From:	Warranty Services Department - Head Office

Please complete the following items:			
Deficiency Number	Issue	Appointment	Notes
18609	FOYER / ENTRY - DOORS-Front door	Main Door	difficult to lock

Date Completed: 8/6/10
Amacon Customer Care Signature:

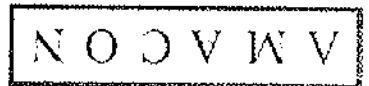
Please schedule your Service Department to complete work on the above Unit. Should no appointment time or date appear (below) on this form, it is your responsibility to arrange and adhere to the appointment you have scheduled. Your service representative must have this form signed by homeowner on completion. 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# 18609 Elle Ph Elle Lot 202

Mail



**Warranty Services
Work Order**

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

L I V E W E L L

Location		Elle - Tower: Elle - Unit: 202	
Closing Date	0000	47 Sandyshores Dr.	
Date	17Jul10		
Contact Name(s)	Moheb M. Rizkallah and Samia Z. Rizkallah		
Contact Telephone#	Res: (905) 790-1770		
Company:	Allan Windows		
Telephone:			
Fax:	(905) 738-1988		
From:	Warranty Services Department - Head Office		

Please complete the following items:			
Deficiency Number		Issue	
		Appointment	
		Date/Time	
		Notes	
18611		LIVING/DINING ROOM- WINDOWS-4 screws missing from living room window	

Date Completed: July 27/10

Amaccon Customer Care Signature: [Signature]

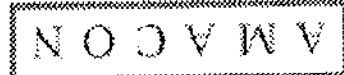
Please schedule your Service Department to complete work on the above Unit. Should no appointment time or date appear (below) on this form, it is your responsibility to arrange and adhere to the appointment you have scheduled. Your service representative must have this form signed by homeowner on completion. Please fax the signed form to our office (905) 848-2827.

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ID# 18611 Elle Ph Elle Lot 202

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Warranty Services
Work Order
Phone: (905) 232-4636 Fax: (905) 232-4637

L I V E W E L L

PDI
File 202

Location	Elle - Tower: Elle - Unit: 202
Closing Date	0000
Date	17Jul10
Contact Name(s)	Moheb M. Rizkallah and Samia Z. Rizkallah
Contact Telephone#	Res: (905) 790-1770
Company:	Metro Carpentry
Attention:	
Telephone:	
Fax:	9 (05-) 738--425
From:	Warranty Services Department - Head Office

Please complete the following items:			
Deficiency Number	Issue	Appointment	Date/Time
18609	FOYER / ENTRY- DOORS-front door	Main Door	difficult to lock
			Notes

Date Completed: Aug 5/10
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# 18609 Elle Ph Elle Lot 202

Mail

Warranty Services Work Order

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

L I V E W E L L

Call 202



Location	Elle - Tower: Elle - Unit: 202
Closing Date	47 Sandyshores Dr.
Date	0000
Contact Name(s)	17Jul10
Contact Telephone#	Moheb M. Rizkallah and Samia Z. Rizkallah
Company:	Res: (905) 790-1770
Attention:	Allan Windows
Telephone:	
Fax:	(905) 738-1988
From:	Warranty Services Department - Head Office

Please complete the following items:			
Deficiency Issue	18611	LIVING/DINING ROOM- WINDOWS-4 screws missing from	Living room window
Number			
Appointment	Date/Time		Notes

Date Completed: 7/10/10

Amacou Customer Care Signature: [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 Amacou 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# 18611 Elle Ph Elle Lot 202