AMACON

LIVE WELL

Warranty Services
Work Order

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

Location	**Elle - Tower: Elle - Unit: 215**
Closing Date	
Date	19Jul10
Contact Name(s)	
Contact Telephone#	
Company:	Metropolitian Home Products
Attention:	Rino Fiore
Telephone:	9 (05-) 264--151
Fax:	9 (05-) 850--878
From:	Warranty Services Department - Head Office

Elle 215

Please complete the following items:

Deficiency Number	Issue		Appointment Date/Time	Notes
18750	GUEST BEDROOM 1- CLOSET-shelf loose left side		July 31st	

Date Completed: July 26 2010

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# 18750 Elle Ph Elle Lot 215

Mail

AMACON

LIVE WELL

Warranty Services
Work Order

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

Location	**Elle - Tower: Elle - Unit: 215**
Closing Date	
Date	19Jul10
Contact Name(s)	
Contact Telephone#	
Company:	Allan Windows
Attention:	
Telephone:	
Fax:	(905) 738-1988
From:	Warranty Services Department - Head Office

Please complete the following items:

Deficiency Number	Issue		Appointment Date/Time	Notes
18751	GUEST BEDROOM 1- WINDOWS-handle missing			RESCHEDULED done

Date Completed: July 22/10

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# 18751 Elle Ph Elle Lot 215

Mail

AMACON

LIVE WELL

Warranty Services
Work Order

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

Location	**Elle - Tower: Elle - Unit: 215**
Closing Date	
Date	19Jul10
Contact Name(s)	
Contact Telephone#	
Company:	Metropolitian Home Products
Attention:	Rino Fiore
Telephone:	9 (05-) 264--151
Fax:	9 (05-) 850--878
From:	Warranty Services Department - Head Office

Please complete the following items:

Deficiency Number	Issue		Appointment Date/Time	Notes
18750	GUEST BEDROOM 1- CLOSET-shelf loose left side		July 26th	RECEIVED

Date Completed:
July 26 2010

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.

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ID# 18750 Elle Ph Elle Lot 215

Mail

Warranty to Allan Windows
Elle 215

AMACON
LIVE WELL

Warranty Services
Work Order

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

Location	**Elle - Tower: Elle - Unit: 215**
Closing Date	
Date	19Jul10
Contact Name(s)	
Contact Telephone#	
Company:	Allan Windows
Attention:	
Telephone:	
Fax:	(905) 738-1988
From:	Warranty Services Department - Head Office

Please complete the following items:

Deficiency Number	Issue		Appointment Date/Time	Notes
18751	GUEST BEDROOM 1- WINDOWS-handle missing			done

Date Completed: 19/7/10

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# 18751 Elle Ph Elle Lot 215

Mail