

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 Elle - Tower: Elle - Unit: 301  
Closing Date  
Date 19Jul10  
Contact Name(s)  
Contact Telephone#  
Company:  
Attention:  
Telephone:  
Fax:  
From: Warranty Services Department - Head Office

Please complete the following items:

Deficiency Issue  
Number  
18858 FOYER / ENTRY - FLOORING: 1-left tile in front of  
door cracked

Appointment:  
Date/Time  
Notes  
7/26/10  
RECEIVED  
10/2/10

Date Completed: 7/24/30/10 Amacon 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 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.

Back - Form WARR

ID# 18858 Elle Ph Elle Lot 301

Mail

4000

A M A C O N

Warranty Services

Work Order

L I V E W E L L

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

Phle-301

Location  
Closing Date

Elle - Tower: Elle - Unit: 301

Date

19Jul10

Contact Name(s)

Contact Telephone#

Company:

Tile Source

Attention:

Matthew Paric

Telephone:

9 (05-) 660-773

Fax:

9 (05-) 660-7949

From:

Warranty Services Department - Head Office

Please complete the following items:

Deficiency Issue Number	Appointment Date/Time	Notes
18858 FOYER / ENTRY- FLOORING. 1-left tile in front of door cracked	<u>19 Jul 10</u> ✓	<u>7:10 PM</u> <u>REPAIR</u> <u>21 JUL 2010</u>

Date Completed:

12/30/10

Amacon 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 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.

301 - FORTIS Memo

Mail

ID# 18858 Elle Ph Elle Lot 301

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