

LIVE WELL



Dear KHALIL AHMAD BUTT:

We request permission to enter your Suite #307 at 4936 SEBASTIAN DR. to complete outstanding deficiencies and/or work orders.

Please fill out this form, sign and drop off at security desk in the main lobby. Be advised that until Amacon receives this form NO WORK WILL COMMENCE.

PURCHASER SIGNATURE: Howe Blood BATED: 3/18 2010	On the date specified between the suite from 8am to 5pm on the entry date specified above. Work will only be completed Monday to Friday between 8am and 5pm.	Please Note: We are unable to make appointments at specific times. We will access your unit			is outling acycement of Sichos	Cythand Book of The Direct	Any special instructions print nere:
--	--	---	--	--	--------------------------------	----------------------------	--------------------------------------

Sincerely, Warranty Services

To be filled out at completion Date Completed:/// Amacon Signature:// Trade Signature:/
--

Page 1 of 1

Z \bigcirc \bigcirc 1

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

Whom ho has

<П ₹ П بسا Γ,

Location	Elle - Tower: Elle - Unit: 307
	4936 SEBASTIAN DR.
Closing Date	0000
Date	19Jul10
Contact Name(s)	KHALIL AHMAD BUTT
Contact Telephone#	Res: (416) 832-4515
Company:	Allan Windows
Attention:	
Telephone:	
Fax:	(905), 738-1988
From:	Warranty Services Department - Head Office

DONE X			opening	
10000000000000000000000000000000000000	<u>~~~~~</u>	·······	WINDOWS: 2-window rubbing when	
1. 0.00.00			LIVING/DINING ROOM-	18929
			damaged RADHU PROBLIM	
			WINDOWS-threshold at balcony is	•
			LIVING/DINING ROOM-	18927
	Date/Time			
Notes	Appointment		Issue	Deliciency Issue Number
			Please complete the following items:	Please

- H	ī ,	فبينو
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)		Date Completed: Amacon Customer Care Signature:

\$48-2827.

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 - Forms Menu

ID# 18927/18929 Elle Ph Elle Lot 307

Mail



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

<₹ m Γ,

Location	Elle - Tower: Elle - Unit: 307
	4936 SEBASTIAN DR.
Closing Date	0000
Date	19Jul10
Contact Name(s)	KHALIL AHMAD BUTT
Contact Telephone#	Res: (416) 832-4515
Company:	Allan Windows
Attention:	
Telephone:	
Fax:	(905) 738-1988
From:	Warranty Services Department - Head Office

DONE		opening	
#375 7038 R	**********	WINDOWS: 2-window rubbing when	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		LIVING/DINING ROOM-	18929
		damaged RADHU PROBLIM	
		WINDOWS-threshold at balcony is	
		LIVING/DINING ROOM-	18927
	Date/Time		
t Notes	Appointmen	Issue	Deficiency Issue
		Please complete the following items:	Please o

		7
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.	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.	

Date Completed:

Amacon Customer Care Signature:

Back - Forms Menu

ID# 18927/18929 Elle Ph Elle Lot 307

Mail