

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	<u>Elle - Tower: Elle - Unit: 308</u>
Closing Date	
Date	<u>19Jul10</u>
Contact Name(s)	
Contact Telephone#	
Company:	<u>Allan Windows</u>
Attention:	
Telephone:	<u>(905) 738-1988</u>
Fax:	
From:	<u>Warranty Services Department - Head Office</u>

Please complete the following items:

Deficiency Number	Issue		Appointment Date/Time	Notes
18948	BALCONY - --threshold damage			

RADHU HAS TO LOOK AT IT

Date Completed:

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# 18948 Elle Ph Elle Lot 308

[Mail](#)

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

*Warranty
#1185
Elle 308*

Location	<u>Elle - Tower: Elle - Unit: 308</u>
Closing Date	
Date	<u>19Jul10</u>
Contact Name(s)	
Contact Telephone#	
Company:	<u>Allan Windows</u>
Attention:	
Telephone:	<u>(905) 738-1988</u>
Fax:	
From:	<u>Warranty Services Department - Head Office</u>

Please complete the following items:			
Deficiency Number	Issue	Appointment Date/Time	Notes
18948	BALCONY - --threshold damage		

RADHU HAS TO LOOK AT IT

Date Completed: _____

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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QUALITY RUGS OF CANADA LIMITED REPAIR ORDER

BUILDER:	AMACON	JOB SITE:	ELLE
COMPLAINT DATE	12/10/10	LOT:	308
INSTALLER:	R&R CARPETS	INSTALL DATE:	03/22/10
LAST NAME:		OWNER'S	
FIRST NAME:		HOME PHONE:	
CIVIC ADD 1:		OWNER'S BUS.	
		PHONE	
CIVIC ADD 2:	TORONTO	REPAIR	
		TIME:	
SITE CONTACT:	SITE 905-232-4636	REPAIR TYPE:	DEFICIENCY
REPAIRMAN	MIKE G.	REFERENCE	24518
		REP	01/27/11
		SCHEDULED	
REP DETAILS:	GAPS AROUND CARPET AND BASEBOARD IN THE DEN. LHM 1/13/11		

INSTALLER'S SIGNATURE _____

SUPER'S/OWNER'S SIGNATURE _____

DATE 2/7/11

NOTE*** Please have this memo signed by the owner or site super upon completion and forward it to Quality's Head Office. Repairs must be completed within 3 working days of receipt of this repair order.
Paycheques!!!! may be held if work is not completed within the required time.

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



Location	Elle - Tower: Elle - Unit: 308
Closing Date	
Date	10Dec10
Contact Name(s)	
Contact Telephone#	
Company:	Quality Rugs
Attention:	
Telephone:	
Fax:	(905) 731-2869
From:	Warranty Services Department - Head Office

Please complete the following items:

Deficiency Number	Issue	Repair Deadline	Appointment Date/Time	Notes
24518	DEN-FLOORING-gaps around carpet and baseboard	09Dec10		

Date Completed:

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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