QUALITY RUGS OF CANADA LIMITED REPAIR ORDER

BUILDER COMPLAINT DATE AMACON 07/19/10 LOT: JOB SITE: ELLE

INSTALLER: OSA INSTALL DATE:

FIRST NAME: LAST NAME: OWNER'S HOME PHONE:

CIVIC ADD 1: CIVIC ADD 2: MISSISSAUGA REPAIR TIME: OWNER'S BUS.

REPAIRMAN SITE CONTACT: OSA GRAHAM 9.232.4636 REPAIR TYPE: REFERENCE 18964 DEFICIENCY

REP DETAILS: VISIBLE SEAMS IN FRONT OF CLOSET IN MASTER BEDOROM.

REP SCHEDULED

INSTALLER'S SIGNATURE

SUPER'S/OWNER'S SIGNATURE

DATE

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.



Warranty Services

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

From: Fax: Date Telephone: Attention: Company: Contact Telephone# Closing Date Location Contact Name(s) 19Jul10 Elle -Warranty Services Department - Head Office Allan Windows (905) 738-1988 Tower: Elle -Unit: 311

Please	Please complete the following items:		
Deficiency Number	Issue	Appointment	Notes
		Date/Time	
18969	BALCONY- GENERAL-weather		
	stripping botttom of door damage		

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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# 18969 Elle Ph Elle Lot 311

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QUALITY RUGS OF CANADA LIMITED REPAIR ORDER

BUILDER: COMPLAINT DATE AMACON 07/19/10 2 JOB SITE: ELLE

INSTALLER: OSA INSTALL DATE: 03/22/10

LAST NAME: OWNER'S HOME PHONE:

CIVIC ADD 2: CIVIC ADD 1: FIRST NAME: OWNER'S BUS. PHONE

REPAIRMAN SITE CONTACT: OSA GRAHAM 9,232,4636 REPAIR TIME: REPAIR TYPE: DEFICIENCY

MISSISSAUGA

REFERENCE 18964

REP SCHEDULED

REP DETAILS: VISIBLE SEAMS IN FRONT OF CLOSET IN MASTER BEDOROM.

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INSTALLER'S SIGNATURE

SUPER'S/OWNER'S SIGNATURE

Control of the Contro

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.

AMACON

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Warranty Services Work Order

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

From: Fax: Date Telephone: Company: Contact Telephone# Contact Name(s) Location Attention: Closing Date Warranty Services Department - Head Office Grahme Walsh Res: (647) 367-5811 31May11 28Apr11 Elle - Tower: Elle - Unit: 3353 TALLMAST CRES Amacon Head Office LI CHEN Unit: 311

25425 Deficiency Number Please complete the following items: Issue mark on top right of fridge KITCHEN- APPLIANCE-03Jun 1 ! Repair Deadline Appointment Date/Time

Date Completed: 17011

Amacon Cysforher/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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1D# 25425 Elle Ph Elle Lot 311

http://apps.prospectin.com/amacon/_builder/AMAServiceCall.php3?var_Centre=Elle&var... 5/31/2011