

QUALITY RUGS OF CANADA LIMITED

REPAIR ORDER

BUILDER: AMACON
COMPLAINT DATE 07/22/10
INSTALLER: T.B.F
LAST NAME: NAVAS / PANNARALE
FIRST NAME: CATHERINE / MASSIMO
CIVIC ADD 1: 43 BLUE DIAMOND TERRACE
CIVIC ADD 2: TORONTO
SITE CONTACT: GRAHAM 4.232.4636
REPAIRMAN TBF

JOB SITE: ELLE
LOT: 511
INSTALL DATE: 03/30/10
OWNER'S HOME PHONE:
OWNER'S BUS. PHONE:
REPAIR TIME:
REPAIR TYPE: DEFICIENCY
REFERENCE 19185
REP SCHEDULED

REP DETAILS: GAPS ON CARPET AND BASEBOARD IN GUEST BED.

ELLE
511

INSTALLER'S SIGNATURE

TBF

SUPER'S/OWNER'S SIGNATURE

[Signature]

DATE

July 28/10

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.

QUALITY RUGS OF CANADA LIMITED

REPAIR ORDER

BUILDER: AMACON JOB SITE: ELLE
COMPLAINT DATE 07/22/10 LOT: 511
INSTALLER: T.B.F. INSTALL DATE: 03/30/10
LAST NAME: NAVAS / PANNARALE OWNER'S HOME PHONE:
FIRST NAME: CATHERINE / MASSIMO OWNER'S BUS. PHONE
CIVIC ADD 1: 43 BLUE DIAMOND TERRACE
CIVIC ADD 2: TORONTO REPAIR TIME:
SITE CONTACT: GRAHAM 4.232.4636 REPAIR TYPE: DEFICIENCY
REPAIRMAN TBF REFERENCE 19185
REP SCHEDULED

REP DETAILS: GAPS ON CARPET AND BASEBOARD IN GUEST BED.

INSTALLER'S SIGNATURE

TBF

SUPER'S/OWNER'S SIGNATURE

RECEIVED
RC23101

DATE

July 28/10

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.

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L I V E W E L L TM

PLEASE FAX TO 416 369-9068

DATE _____

✓
FAXED
Dec 17/10

AMACON SERVICE REQUEST FORM
PLEASE MAIL, FAX OR SUBMIT ON-LINE
AMACON CONSTRUCTION LTD. ATTENTION: CUSTOMER CARE
37 BAY STREET, SUITE 400 (4TH FLOOR), TORONTO, ON M5J 3B2
TEL: 416-369-9069 FAX: 416-369-9068
www.amacon.com

NAME: MASSIMO PANNARONE

DEVELOPMENT NAME: AMACON

ADDRESS: 3525 KARIYA DR. Suite 511

RES.TEL: 416 704 7215 BUS.TEL: _____

CELL: _____ FAX: _____

DATE OF REQUEST: 12/10/2010

A copy of your request form will be given to and reviewed by an Amacon Customer Care Representative. Your request and any follow up that may be required will be co-ordinated by one of our Customer Care Representatives to ensure that your concerns are addressed.

Service Request:

1. DOOR NEED TO BE PAINTED (ENTRANCE)
(IME AUTHORIZED) (P.M. FRONT DOOR)
2. _____
3. _____
4. _____