

QUALITY RUGS OF CANADA LIMITED

REPAIR ORDER

BUILDER: AMACON

JOB SITE: ELLE

COMPLAINT DATE 07/26/10

LOT: 709

INSTALLER: OSA

INSTALL DATE: 04/13/10

LAST NAME: ENGLISH

OWNER'S
HOME PHONE:

FIRST NAME: MARCIA

OWNER'S BUS.
PHONE

CIVIC ADD 1:

CIVIC ADD 2: TORONTO

REPAIR
TIME:

SITE CONTACT: GRAHAM 9.232.4636

REPAIR TYPE: DEFICIENCY

REPAIRMAN OSA

REFERENCE 19657/661

REP
SCHEDULED

REP DETAILS: CARPET RAISED AT ENTRANCE TO MASTER BEDROOM. CARPET FRAYED
UNDER WINDOW IN GUEST BED.

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

A M A C O N

L I V E W E L L

**Warranty Services
Work Order**

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

Location	<u>Elle - Tower: Elle - Unit: 709</u> <u>200-475 Bramalea Road</u>
Closing Date	<u>0000</u>
Date	<u>28Jan11</u>
Contact Name(s)	<u>Marcia English</u>
Contact Telephone#	<u>Res: (905) 463-9772</u>
Company:	<u>Allan Windows</u>
Attention:	
Telephone:	
Fax:	<u>(905) 738-1988</u>
From:	<u>Warranty Services Department - Head Office</u>

Please complete the following items:					
Deficiency Number	Issue		Repair Deadline	Appointment Date/Time	Notes
24866	Living Room- Balcony door glass is scratched		31Jan11		

Date Completed:

Jan 28 11

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# 24866 Elle Ph Elle Lot 709

L I V E W E L L TM

PLEASE FAX TO 416 369-9068

Permission to enter on scheduled date:

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Once received by an Amazon Customer Care Representative, this form becomes property of Amazon. Your request must be based on the Taron Warranty guidelines - scratches, nicks, dents are not warrantable, unless noted at time of the PDI (Pre-Delivery Inspection). Your request will be reviewed and addressed by an Amazon Representative as soon as a possible. If this is an Emergency please contact your concierge immediately at (289) 521-1313 - 24 / hours. If your concern falls under the Common Area Element Warranty Guidelines, please see Property Management to address your concerns or call at (289) 521-1199.

[illegible]

HOMEOWNER SIGNATURE _____

DATE _____

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OSA

SUPER'S/OWNER'S SIGNATURE

RECEIVED

DATE

July 28/10

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AMACON

L I V E W E L L TM

AMACON CONSTRUCTION SERVICE REQUEST FORM

PLEASE FAX TO 416 369-9068

NAME: MARCIA ENGLISH

SUITE: 709

TEL: 289 521 1718

BUS. TEL: 0

CELL:

E-MAIL:

DATE OF REQUEST: 24/09/10

	YES	NO
Permission to enter on scheduled date:		<input checked="" type="checkbox"/>

Once received by an Amazon Customer Care Representative, this form becomes property of Amazon. Your request must be based on the Tarion Warranty guidelines - scratches, nicks, dents are not warrantable, unless noted at time of the PDI (Pre-Delivery Inspection). Your request will be reviewed and addressed by an Amazon Representative as soon as a possible. If this is an **Emergency** please contact your concierge **immediately** at (289) 521-1313 - **24 / hours**. If your concern falls under the Common Area Element Warranty Guidelines, please see Property Management to address your concerns or call at (289) 521-1199.

[illegible]

SERVICE PERSON

HOMEOWNER SIGNATURE _____

DATE _____