

AMACON

LIVE WELL

Not Done

KEY IS NOT Working

Warranty Services

Work Order

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

Location	Elle - Tower: Elle - Unit: 711
Closing Date	3184 HIGH SPRINGS CRESCENT MISSISSAUGA
Date	0000
Contact Name(s)	24Jul10
Contact Telephone#	LUDMILA DOROSZ
Company:	Res: (416) 992-1641
Attention:	Metropolitan Home Products
Telephone:	Rino Fiore
Fax:	9 (05-) 264--151
From:	9 (05-) 850--878
	Warranty Services Department - Head Office

Please complete the following items:				
Deficiency Number	Issue		Appointment Date/Time	Notes
19514	GUEST BEDROOM 1- CLOSET-sliding doors sticking		AUG-11-10	RECEIVED

AMACON

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# 19514 Elle Ph Elle Lot 711

Mail

AMACON

LIVE WELL

NOT Done

KEY IS NOT Working

Warranty Services**Work Order**

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

Elle 711

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Closing Date	3184 HIGH SPRINGS CRESCENT MISSISSAUGA
Date	0000
Contact Name(s)	24Jul10
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Please complete the following items:			
Deficiency Number	Issue	Appointment Date/Time	Notes
19514	GUEST BEDROOM 1- CLOSET-sliding doors sticking	Aug 4/10	

AMACON

Date Completed:

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ID# 19514 Elle Ph Elle Lot 711

Mail

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: 711</u> <u>596 LEATHERLEAF MISSISSAUGA</u>
Closing Date	<u>0000</u>
Date	<u>25Jan11</u>
Contact Name(s)	
Contact Telephone#	<u>Res: (416) 409-7368</u>
Company:	<u>Cartier Kitchens</u>
Attention:	<u>Rob Giliani</u>
Telephone:	
Fax:	<u>(905) 793-6720</u>
From:	<u>Warranty Services Department - Head Office</u>

Please complete the following items:					
Deficiency Number	Issue		Repair Deadline	Appointment Date/Time	Notes
24856	KITCHEN- CABINETS-top drawer has a chip inside, also cabinet left of microwave is dented inside, side gable breakfast bar visible marks		23Jan11		

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.

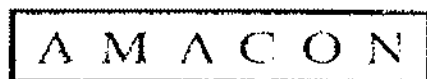
Failure to comply with this request will give Amacon Developments (and it's group of companies) the right to carry out any and all repairs. All costs incurred will be applied to the Company listed above.

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ID# 24856 Elle Ph Elle Lot 711

To: Granne Walsh

is sent
to M...
May 30/21
2011



LIVE WELL

Elk

AMACON CONSTRUCTION SERVICE REQUEST FORM

PLEASE FAX TO 416 369-9068

NAME: KEEMA ARUN

SUITE: 711

TEL: 416-727-2543

BUS. TEL: _____

Cell: _____

e-mail: _____

Project: _____

Address: _____

DATE OF REQUEST: 26 MAY 2010 Permission to enter:

YES

NO

☐ YES ☒ NO

to call.

Once received by an Amacon Customer Care Representative, this form becomes property of Amacon. 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 Amacon Representative as soon as a possible. If this is an **Emergency** please contact your concierge **immediately** at (905) 232-2631 - 24 / hours. If your concern falls under the Common Area Element Warranty Guidelines, please see Property Management to address your concerns or call at (905) 232-2374.

ITEM#	ROOM/LOCATION	DESCRIPTION
	<u>Bathroom door</u>	<u>Door Jammed →</u>
	<u>Exhaust fan</u>	<u>Makes loud sound. —</u>

Door expands
needs trim
OK
John

HOMEOWNER SIGNATURE

DATE:

26 May 2010.

Super, John informed door needs to be shaved, /
trimmed, expanded. (May 27, 2011)

AMACON

LIVE WELL

AMACON CONSTRUCTION SERVICE REQUEST FORM

PLEASE FAX TO 416 369-9068

NAME: KEEMA ARUN SUITE: 711
 TEL: 416-727-2543 BUS. TEL: _____
 Cell: _____ e-mail: _____
 Project: _____ Address: _____

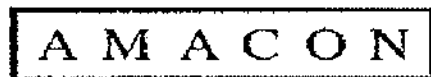
DATE OF REQUEST: 26 MAY 2010 Permission to enter: YES ☐ NO ☒ *to call.*

Once received by an Amacon Customer Care Representative, this form becomes property of Amacon. 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 Amacon Representative as soon as a possible. If this is an **Emergency** please contact your concierge **immediately** at (905) 232-2631 - 24 / hours. If your concern falls under the Common Area Element Warranty Guidelines, please see Property Management to address your concerns or call at (905) 232-2374.

ITEM#	ROOM/LOCATION	DESCRIPTION
	Bathroom door	Door Jammed → Door expands near trim
	Exhaust fan	Makes loud sound. → OK
	1 pole as per	PM 05/20/2011
		John Osh

HOMEOWNER SIGNATURE _____

DATE: 26 May 2010.



LIVE WELL

AMACON CONSTRUCTION SERVICE REQUEST FORM

PLEASE FAX TO 416 369-9068

NAME: Arun K. Karkala

SUITE: 711

TEL: _____

BUS. TEL: _____

Cell: 416-727-2543

e-mail: _____

Project: 416-725-1385

Address: 3525, 711 Kariya Drive

DATE OF REQUEST: March 18, 2011

Permission to enter:

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

Once received by an Amacon Customer Care Representative, this form becomes property of Amacon. 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 Amacon Representative as soon as a possible. If this is an **Emergency** please contact your concierge **immediately** at (905) 232-2631 - 24 / hours. If your concern falls under the Common Area Element Warranty Guidelines, please see Property Management to address your concerns or call at (905) 232-2374.

ITEM#	ROOM/LOCATION	DESCRIPTION
1.	Heater not working well All Rooms	Heating not working well in the whole unit
2.	Bathroom basin	Basin below leaking

HOMEOWNER SIGNATURE

* John checked "leak" ... calling Not Done completely around sink.

DATE:

18/3/2011

Amacon faxed March 30th about #2

-ELLE-
Sent to make 02/20/2011
gw
Amato to
PMS!
gw

11 Am concierge

ALL
UPLOADED



LIVE WELL

DOWIE

THURSDAY MARCH 31, 11

AMACON CONSTRUCTION SERVICE REQUEST FORM

PLEASE FAX TO 416 369-9068

NAME: Arun K. Karkala

SUITE: 711

TEL: _____

BUS. TEL: _____

Cell: 416-727-2543

e-mail: _____

Project: 416-725-1385

Address: 3525, 711 Kariya Drive

DATE OF REQUEST: March 18, 2011 Permission to enter:

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

Once received by an Amacon Customer Care Representative, this form becomes property of Amacon. 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 Amacon Representative as soon as a possible. If this is an **Emergency** please contact your concierge **immediately** at (905) 232-2631 - 24 / hours. If your concern falls under the Common Area Element Warranty Guidelines, please see Property Management to address your concerns or call at (905) 232-2374.

ITEM#	ROOM/LOCATION	DESCRIPTION
1.	Heater not working All Rooms	Heating not working well in the whole unit
2.	Bathroom basin	Basin below leaking

HOMEOWNER SIGNATURE [Signature]

* John checked "leak" ... calling Not Done completely around sink.

DATE: 18/3/2011

Amacon faxed March 30th about #2

L I V E W E L L

Whodto
PKS

PLEASE FAX TO 416 369-9068

Call FIRST

DATE _____

L I V E W E L L TM

What Building

PLEASE FAX TO 416 369-9068

SUITE: 211

BUS. TEL: _____

E-MAIL: _____

	YES	NO
Permission to enter on scheduled date:		

[illegible]

SERVICE PERSON

HOMEOWNER SIGNATURE

DATE _____

21th Jan. 2011



LIVE WELL

AMACON CONSTRUCTION SERVICE REQUEST FORM

PLEASE FAX TO 416 369-9068

NAME: Reema / Aaron K

SUITE: 711

TEL: 416-727-2543

BUS. TEL: _____

Cell: _____

e-mail: _____

Project: _____

Address: _____

DATE OF REQUEST: _____

Permission to enter: YES ☐ NO ☒

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ITEM#	ROOM/LOCATION	DESCRIPTION
1.	Bathroom door	
	lock to be	
	replaced	
	(Got locked	
	unable to use	
	bathroom)	

checked and found door locked - and got it opened - removed the door locked (damaged).
It seems - The Owner reported the matter earlier - 3 mths ago - and said amacon - told them they will take care of it.
4/7/2011.

HOMEOWNER SIGNATURE

DATE:

John Super.
4/9/11.

Sent to
Mack
07/09/2011
Unlabeled to Mack