

# QUALITY RUGS OF CANADA LIMITED REPAIR ORDER

BUILDER: AMACON JOB SITE: ELLE  
COMPLAINT DATE 07/26/10 LOT: 803  
INSTALLER: JANI CARPETS INSTALL DATE: 04/19/10  
LAST NAME: OWNER'S  
HOME PHONE:  
FIRST NAME: OWNER'S BUS.  
PHONE  
CIVIC ADD 1:  
CIVIC ADD 2: TORONTO REPAIR  
TIME:  
SITE CONTACT: GRAHAM 9.232.4636 REPAIR TYPE: DEFICIENCY  
REPAIRMAN JANI REFERENCE 19677  
REP  
SCHEDULED

REP DETAILS: CARPET LIFTING BACK WALL WHERE MARKED.

*File 803*

INSTALLER'S SIGNATURE C. SA

SUPER'S/OWNER'S SIGNATURE RC [Signature]

DATE July 18/10

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.

**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

elle  
803

<b>Location</b>	<u>Elle - Tower: Elle - Unit: 803</u>
<b>Closing Date</b>	<u>308 Brisdale Dr.</u>
<b>Date</b>	<u>0000</u>
<b>Contact Name(s)</b>	<u>26Jul10</u>
<b>Contact Telephone#</b>	<u>Andrew Percy and Deborah Percy</u>
<b>Company:</b>	<u>Res: (416) 705-1751</u>
<b>Attention:</b>	<u>Metropolitan Home Products</u>
<b>Telephone:</b>	<u>Rino Fiore</u>
<b>Fax:</b>	<u>9 (05-) 264--151</u>
<b>From:</b>	<u>9 (05-) 850--878</u>
	<u>Warranty Services Department - Head Office</u>

Please complete the following items:			
Deficiency Number	Issue	Appointment Date/Time	Notes
19670	FOYER / ENTRY- CLOSET-doors squeaky		

Date Completed:

July/29/2010

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# 19670 Elle Ph Elle Lot 803

Mail

**AMACON**

LIVE WELL

**Warranty Services  
Work Order**

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

<b>Location</b>	<u>Elle - Tower: Elle - Unit: 803</u>
	<u>308 Brisdale Dr.</u>
<b>Closing Date</b>	<u>0000</u>
<b>Date</b>	<u>26Jul10</u>
<b>Contact Name(s)</b>	<u>Andrew Percy and Deborah Percy</u>
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<b>Attention:</b>	<u>Rino Fiore</u>
<b>Telephone:</b>	<u>9 (05-) 264--151</u>
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<b>From:</b>	<u>Warranty Services Department - Head Office</u>

Please complete the following items:			
Deficiency Number	Issue	Appointment Date/Time	Notes
19670	FOYER / ENTRY- CLOSET-doors squeaky	<u>26Jul10</u>	RECEIVED

Date Completed:

July/29/2010

Amacon Customer Care Signature:

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ID# 19670 Elle Ph Elle Lot 803

Mail

# QUALITY RUGS OF CANADA LIMITED

## REPAIR ORDER

BUILDER: AMACON  
COMPLAINT DATE 07/26/10  
INSTALLER: JANI CARPETS  
LAST NAME:  
FIRST NAME:  
CIVIC ADD 1:  
CIVIC ADD 2: TORONTO  
SITE CONTACT: GRAHAM 9.232.4636  
REPAIRMAN JANI

JOB SITE: ELLE  
LOT: 003  
INSTALL DATE: 04/19/10  
OWNER'S HOME PHONE:  
OWNER'S BUS. PHONE:  
REPAIR TIME:  
REPAIR TYPE: DEFICIENCY  
REFERENCE 19677  
REP SCHEDULED

REP DETAILS: CARPET LIFTING BACK WALL WHERE MARKED.

INSTALLER'S SIGNATURE

*CSA*

SUPER'S/OWNER'S SIGNATURE

RECEIVED  
RC-30

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.

## Warranty Services Service Call

<b>Company:</b>	<u>Tile Source</u>
<b>Attention:</b>	<u>Matthew Paric</u>
<b>Telephone:</b>	<u>(905) 660-7737</u>
<b>Fax:</b>	<u>(905) 660-7949</u>
<b>From:</b>	<u>Ed Valencia</u>
<b>Date</b>	<u>10Sept10</u>
<b>Location</b>	<u>Site: Elle Phase: Elle Lot: 803</u> <u>308 Brisdale Dr.</u>
<b>Contact Name(s)</b>	<u>Andrew Percy and Deborah Percy</u>
<b>Contact Telephone#</b>	<u>Res: (416) 705-1751</u>

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**Please complete the following items:**

Issue	Appointment Date	Appointment Time	Completion Date
Dent in Granite countertop.			

Date Completed: \_\_\_\_\_

Purchaser Signature: \_\_\_\_\_

Faxed:						
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Back

ID# 21065 Elle Ph Elle Lot 803

RECEIVED  
RCL

**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: ANDREW DEARCY & Suite # 803

DEVELOPMENT NAME: ELLER

ADDRESS: \_\_\_\_\_

RES.TEL: 416-705-1751 BUS.TEL: \_\_\_\_\_

CELL: \_\_\_\_\_ FAX: \_\_\_\_\_

DATE OF REQUEST: AUG. 13, 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. Sent in GRANITE COUNTER TOP.  
THIS WAS HIGHLIGHTED ON PDI DEFECT.
2. FORM.
3. \_\_\_\_\_
4. \_\_\_\_\_