

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

Elle - Tower: Elle - Unit: 806
4657 FOUNDERS WALK

Closing Date

Date

Contact Name(s)

Contact Telephone#

Company:

Attention:

Telephone:

Fax:

From:

Please complete the following items:

Deficiency Issue

Number

19634

MAIN BATHROOM- FLOORING-gap between
flooring and baseboard behind toilet and beside

cabinet

Appointment
Date/Time

Notes

Date Completed: May 13/10
Amacorn 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 Amacorn 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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Mail

ID# 19634 Elle Ph Elle Lot 806

Dop Biking Toilet

AMACON CONSTRUCTION SERVICE REQUEST FORM

PLEASE FAX TO 416 369-9068

NAME: Yolanda De Souza
 TEL: 416-434-8028
 CELL: 416-434-8028
 DATE OF REQUEST: March 18/11

SUITE: 806
 BUS. TEL:
 E-MAIL: ydesouza@lhome.com
 Permission to enter on scheduled date: ☒ YES ☐ NO

Once received by an Amacon Customer Care Representative, this form becomes property of Amacon. Your request must be based on the Tarrion 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 (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.

ITEM#	ROOM/LOCATION	DESCRIPTION
		Baseboard - chip missing
		Huge chunk of baseboard missing
		outside of my suite (Rand - about)
		can't miss it - very noticeable.
		Property Management
		8th floor hallway
		SW 03/31/2011

SERVICE PERSON:
 HOMEOWNER SIGNATURE:
 DATE: March 18/11



ELB

ATTN: Graham
 905-282-4637



WORK ORDER

47908

DESCRIPTION OF WORK

Had to pick up ~~the~~ toilet at supplier, came to site and talked to ED. He wanted me to check out the toilet and replace if regardless. Tested old toilet seemed fine, took off old toilet and replaced it with the new one. Tested new toilet, everything ok, no leaks and flushes fine.

[illegible]

DATE	TECH	HOURS
Feb 10/11	JEH	3

PLEASE PRINT

SIGNATURE

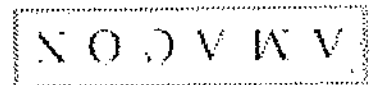
NET 30 DAYS

:SNMFL

BUFE - Audit Copy

CONFIDENTIAL - File Copy

WHEEL - CUSTOMER COPY



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

L I V E W E L L

Elle - Tower: Elle - Unit: 806

4657 FOUNDERS WALK

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24Jul10

Yolanda A Desouza

Res: (905) 890-9949 Bus: (416) 434-8028

Tile Source

Matthew Paric

9 (05-) 660-773

9 (05-) 660-7949

Warranty Services Department - Head Office

Location

Closing Date

Date

Contact Name(s)

Contact Telephone#

Company:

Attention:

Telephone:

Fax:

From:

Please complete the following items:

Deficiency Issue

Number

19634

MAIN BATHROOM- FLOORING-gap between

Flooring and baseboard behind toilet and beside

cabinet

Appointment
Date/Time

July 4/10

Notes

Date Completed:

Amacorn 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.
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ID# 19634 Elle Ph Elle Lot 806

Mail

AMACON CONSTRUCTION SERVICE REQUEST FORM

PLEASE FAX TO 416 369-9068

L I V E W E L L



sent to
mike f
07/07/2011

NAME: Yvonda DeSousa
TEL: 416 434 8028
Cell: 416 434 8028
Project: _____

SUITE: 806
BUS. TEL: 416 434 8028
e-mail: yvondasousa@gmail.com
Address: 3525 Kennedy Drive
Apt 806

Permission to enter: ☒ YES ☐ NO

DATE OF REQUEST: July 4/2011

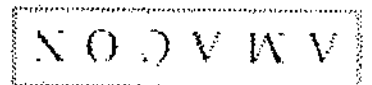
Once received by an Amazon Customer Care Representative, this form becomes property of Amazon. Your request must be based on the Amazon Warranty Guidelines - scratches, nicks, dents are not warrantable, unless noted at time of the PDI (Pre-Delivery Inspection). Your request will be reviewed and addressed by an Amazon Representative as soon as possible. If this is an **EMERGENCY** please contact your concierge immediately at 889-521-1313-24 / hours. If your concern falls under the Common Area Element Warranty Guidelines, please see Property Management to address your concerns or call at 889-521-1199

ITEM#	ROOM/LOCATION	DESCRIPTION
	Living room and Hallway	Corner beam exposing in both corners of the wall
	Hallway (bedroom)	Crack beginning to expose in the corner
	Bedroom	Bedroom Baseboards & Baseboard casting system damage on baseboards as a result of problem with air conditioning
		Crack on a column - at the top corner on window side. 3/4 crack
		Crack on column - before the window
		3"-crack
		base board needs a coat of paint

HOMEOOWNER SIGNATURE

DATE: July 4/2011

07/07/11
Mike f



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

Warranty Services
Work Order

416 806

Elle - Tower: Elle - Unit: 806
4657 FOUNDERS WALK
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24Jul10
Yolanda A Desouza
Res: (905) 890-9949 Bus: (416) 434-8028
Tile Source
Matthew Paric
9 (05-) 660-773
9 (05-) 660-7949
Warranty Services Department - Head Office

Location
Closing Date
Date
Contact Name(s)
Contact Telephone#
Company:
Attention:
Telephone:
Fax:
From:

Please complete the following items:

Deficiency Issue
Number

19634 MAIN BATHROOM-FLOORING-gap between
flooring and baseboard behind toilet and beside
cabinet

Appointment
Date/Time
Five 7/10

Notes

Date Completed: July 30/10

Amacoon 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.
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