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2011-09-28 21:07:18 EST

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FROM: 9058137986;

9058133206

# STATUTORY WARRANTY FORM

## Year-End Form



TO NOTIFY TARION OF OUTSTANDING WARRANTY ITEMS, COMPLETE AND SUBMIT THIS FORM  
IN THE FINAL 30 DAYS OF THE FIRST YEAR OF POSSESSION OF YOUR HOME.

YOU MAY SUBMIT ONLY ONE YEAR-END FORM.

Submit this Form to the Tarion Customer Centre, located at 5150 Yonge Street, Concourse Level, Toronto, Ontario M2N 6L8, in person, by mail or courier, or by fax to 1-877-864-9710. See your *Homeowner Information Package* for details about submitting this Form. Send a copy of the completed Form to your Builder and keep a copy for yourself. Please print all information.

**Home Identification Information** (Refer to your Certificate of Completion and Possession to complete this box.)

|   |  |                  |   |                               |  |
|---|--|------------------|---|-------------------------------|--|
| 2010 109 129  |  | 333 72           |   | 1629666                       |  |
| Date of Possession (YYYY/MM/DD)   |  | Vendor/Builder # |   | Enrolment #                   |  |
| Civic Address (address of your home under warranty)                                       |  |                  |   |                               |  |
| 3525  |  | KARIYA DRIVE     |   | 1110                          |  |
| Street Number   |  | Street Name      |   | Condo Suite # (if applicable) |  |
| MISSISSAUGA   |  | L5B 0C2          |   | PT-16                         |  |
| City/Town   |  | Postal Code      |   | Lot #                         |  |
| Contact Information of Homeowner(s)   |  |                  |   |                               |  |
| MUHAMMAD NOUMAN JALEEL  |  |                  | KAHKASHAN NOUMAN  |                               |  |
| Homeowner's Name  |  |                  | Homeowner's Name (if applicable)  |                               |  |
| (416) 823-8494  |  |                  | (416) 823-8494  |                               |  |
| Daytime Phone Number  |  |                  | Daytime Phone Number  |                               |  |
| (416) 823-8494  |  |                  | (416) 823-8494  |                               |  |
| Evening Phone Number  |  |                  | Evening Phone Number  |                               |  |
| ( ) -   |  |                  | ( ) -   |                               |  |
| Fax Number  |  |                  | Fax Number  |                               |  |
| RIGHTCHOICE44@HOTMAIL.COM   |  |                  |   |                               |  |
| Email Address   |  |                  | Email Address   |                               |  |
| <input type="checkbox"/> Check this box if you are not the original registered homeowner. |  |                  | <input type="checkbox"/> Check this box if you are not the original registered homeowner. |                               |  |

**Mailing Address for Correspondence to Homeowner** (if different from Civic Address above)

|               |  |             |  |                               |  |
|---------------|--|-------------|--|-------------------------------|--|
| Street Number |  | Street Name |  | Condo Suite # (if applicable) |  |
| City/Town     |  | Province    |  | Postal Code                   |  |

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You may submit only one Year-End Form, so be sure it is complete.

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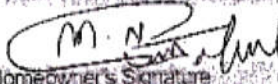
### Outstanding Items

List all outstanding items covered by the statutory warranty in the table below. If you are reporting a Special Seasonal Item, please also check the box below. If you require more space, please make copies of this page, number them and attach them to this Statutory Warranty Form.

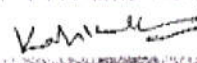
Check this box to report an outstanding Special Seasonal Item such as grading, sodding, walkways or paving. Please also provide details below.

| Item # | Room/Location | Description  |
|--------|---------------|--|
| ①      | ENTRY DOOR    | INNER AND OUTER DOOR NEED Paint through out This is missing since PDI. Was not even done on PDI. |
| ②      | FOYER         | TOUCH UP PAINT ON LEFT SIDE OF ENTRY DOOR.   |
| 3      | 4             | TOUCH UP PAINT ON RIGHT SIDE OF ENTRY DOOR   |
| 4      | 4             | PAINT TOUCH UP ON BASEBOARD RIGHT AND LEFT SIDE  |
| 5      | ENTRY DOOR    | PAINT ON DOOR FRAME  |
| 6      | FOYER CLOSET  | PAINT INSIDE CLOSET AND ON BASE BOARD  |
| 7      | LAUNDRY       | TOUCH UP PAINT INSIDE LAUNDRY ROOM AND PAINT ON INSIDE AND OUTSIDE DOOR FRAME                    |
| 8      | BATHROOM      | UPPER AND LOWER FRAME JOINT ARE NOT PROPERLY JOINED.   |
| 9      | BATHROOM      | DOOR AND FRAME INSIDE AND OUTSIDE TOUCHUP PAINT <del>INSIDE</del> A REQUIRED                     |
| 10     | 4             | TOUCHUP WALL IN FRONT OF MIRROR AND ON BASE BOARD  |

The items specified on this Statutory Warranty Form constitute a complete list of all known warranty items which are outstanding and have not been resolved by my Builder to date.

  
Homeowner's Signature

2011/09/28  
Date of Signature (YYYY/MM/DD)

  
Homeowner's Signature (if applicable)

**Remember to send a copy of this completed Form to your Builder.**

Please note that you should allow your Builder's representatives or subcontractors access to your home during regular business hours, at a mutually acceptable time arranged in advance, in order to complete the necessary work. Failure to do so may jeopardize your warranty rights.

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| Item # | Room/Location          | Description  |
|--------|------------------------|--|
| 11     | BATHROOM               | TUBELIGHT NOT WORKING.   |
| 12     | "                      | EXHAUST FAN MAKING SOUNDS  |
| 13     | "                      | WASH BASIN IS NOT PROPERLY JOINT WITH BASE   |
| 14     | "                      | TOUCHUP PAINT ON CABINET DOOR  |
| 15     | "                      | BATH TUB MAKING SQUEEKY SOUND AND CAULKING IS NOT PROPERLY JOINED ON TUB TOP SIDE WITH WALL  |
| 16     | "                      | A SMALL CRACK ON BATH TUB OUTER SIDE.  |
| 17     | WATER PRESSURE IN UNIT | SEVERAL REQUEST HAS BEEN SUBMITTED THROUGH MANAGEMENT OFFICE WITH NO RESPONSE THAT HOT AND COLD WATER PRESSURE IS NOT ON A REASONABLE / <del>DE</del> STANDARD LEVEL |
| 18     | KITCHEN                | ABOVE MICROWAVE CABINET RUBBING  |
| 19     | KITCHEN                | POWER BULB NOT WORKING   |
| 20     | KITCHEN                | TOUCHUP PAINT ON BASE BOARD AND WALL AFTER OVEN AREA   |
| 21     |                        | T/U  |

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Homeowner's Signature

Homeowner's Signature (if applicable)

2011109128  
Date of Signature (YYYY/MM/DD)

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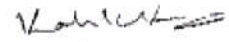
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| Item # | Room/Location | Description   |
|--------|---------------|---|
| 21     | KITCHEN       | COUNTER TOP RIGHT SIDE IS IN TWO PIECES AND JOINT NOT PROPERLY DONE. FINISH IS NOT GOOD.  |
| 22     | KITCHEN       | CABINET AND DRAWER PAINT FINISH A POLISH REQUIRED AGAIN.  |
| 23     | KITCHEN       | KITCHEN <del>W</del> BACK WALL HAS DENTS  |
| 24     | FRIDGE        | ITS A PDI REQUEST. NOT DONE YET. FRIDGE MACHINERY IS NOT GOOD AND COMPRESSOR MAKING LOTS OF NOISE. CONTACT BUILDER AND MANUFACTURER BUT NOTHING LOOKING TO WORK FOR SOLUTION. |
| 25     | FLOORING      | SCRATCHES IN FRONT OF FOYER   |
| 26     | FLOORING      | FLOORING IN FRONT OF KITCHEN AND FOYER NOT JOINED PROPERLY. MAKING SOUND WHILE WALKING  |
| 27     | LIVING        | IN FRONT OF KITCHEN WALL TOUCH UP PAINT ON WALL AND BASE BOARD THROUGH OUT.   |
| 28     | LIVING        | IN FRONT OF KITCHEN DENT ON THE WALL  |
| 29     | LIVING        | MULTIPLE SCAR SCRATCHES ON FLOOR IN FRONT OF BED ROOM   |

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2011/09/28

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