

mike

AMACON

LIVE WELL

Warranty Services

Phone: (905) 232-4636

Fax: (905) 232-4637

Work Order

**Location:** THE RESIDENCES AT PARKSIDE VILLAGE - TWO - Suite: 502  
**Today's Date:** 02Nov16  
**Company:** Amacon Customer Care - Site  
**Attention:** Sandy Cardoso  
**Telephone:**  
**Fax:** (905) 232-4637

Please Complete the following items:

Deficiency Number	Issue		Appt. Date/Time	Notes
71406	FOYER / ENTRY- DOORS~paint drip on top right door trim.	✓		
71407	LIVING/DINING ROOM- WINDOWS~add caulking below sliding door.	✓		
71408	LIVING/DINING ROOM- WALLS~paint chip in top right corner of west wall.	✓		
71411	MASTER BEDROOM- [~chipped window casing around top left window pane.] [wood trim below window protruding from wall a different distance on left and right.]?	✓		Double traded only close ACC site metro carpentry
71413	MASTER BEDROOM- CLOSET~2 screws missing on lower rail for sliding door. 4 SQUARE HEAD SCREWS	✓		
71414	DEN- CEILING~remove masking tape from wall near ceiling. LADDER	✓		
71416	KITCHEN- CABINETS~cabinet door slightly rubbing microwave . lower drawer to right of oven has stain.	✓		

SPRAY MASTER BEDROOM  
 CLOSET DOOR TRIM.  
 PAINT CHIP

Kick Plate left of Dishwasher need clips  
 microwave MISSING Filter under m/v

Date Completed: Nov/4/16 Amacon Customer Care Signature: Terry

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) 232-4637.

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.

Date: \_\_\_\_\_ Homeowner (or Homeowner Rep.) Signature: \_\_\_\_\_