



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

Key
Work Order

Location: THE RESIDENCES AT PARKSIDE VILLAGE - TWO - Suite: 601
Today's Date: 03Nov16
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
71647 <i>done</i>	GENERAL- NOTE~ALL DOOR HINGES SQUEEK.	✓		
71648 <i>done</i>	FOYER / ENTRY- WALLS~WHITE PAINT ON WALL TOP LEFT CORNER OF DOOR. ROUGH PAINT ON TOP LEFT CORNER OF DOOR CASING/TRIM. PAINT ON LIGHT SWITCH FOR DEN. CORNER OF WALL NEEDS PAINT ON EDGE JUST LEFT OF CLOSET.	✓ ✓ ✓		
71650 <i>done</i>	FOYER / ENTRY- CLOSET~PAINT ON TRIM ABOVE SLIDING DOORS.	✓		
71653 <i>done</i>	GUEST BEDROOM 1- DOORS~AS SEEN FROM OUTSIDE OF BEDROOM, BOTTOM OF RIGHT DOOR CASING CHIPPED. DOOR CASING CHIPPED ON INNER SURFACE 6 INCHES ABOVE DOOR LATCH HOLE. DOOR HINGE SQUEEKS.	✓ ✓ ✓		
71654 <i>done</i>	MASTER BEDROOM- WALLS~2 PAINT CHIPS, PAINT CORNER OF WALL EDGE TO THE RIGHT OF BEDROOM DOOR 4 FT UP.	✓		

71655 <i>done</i>	MASTER BEDROOM- DOORS~DOOR HINGE SQUEEKS.	✓	✓	✓
71657 <i>done</i>	MAIN BATHROOM- --SQUECKY DOOR HINGE. CHIPPED DOOR CASING 6 IN ABOVE LOCK HOLE.	✓	✓	✓
71658 08/11/16 <i>DONE</i>	MAIN BATHROOM- WALLS~2 SCREW HOLES IN WALL LEFT OF SINK.			✓
71659 <i>done</i>	MAIN BATHROOM- DOORS~ MANY CHIPS IN DOOR CASING INNER SURFACE LEFT SIDE MIDDLE AND LOWER AREAS AS SEEN FROM INSIDE BATHROOM. PAINT SPLATTER ON DOOR CASING SEEN FROM OUTSIDE BATHROOM RIGHT CASING OUTSIDE SURFACE BY THE LIGHT SWITCHES.	✓ ✓ ✓		✓
71660 08/11/16 <i>Done</i>	ENSUITE BATHROOM DOORS~ CRACK IN DOOR BY DOOR HANDLE AS SEEN FROM OUTSIDE. ROUGH EDGES ON DOOR BESIDE HANDLE AS SEEN FROM INSIDE. ROUGH PAINT ON DOOR CASING/TRIM BOTH SIDE AS SEEN FROM INSIDE AND OUTSIDE.	✓ ✓ ✓	✓	✓
71663 <i>done</i>	LAUNDRY CLOSET- WALLS~PAINT CHIPPED ON UPPER RIGHT DOOR CASING/TRIM. ROUGH PAINT ON LEFT DOOR CASING ON SURFACE INSIDE LAUNDRY ROOM 3 FT UP.	✓ ✓		✓

Date Completed: NOV 9 16

Amacon Customer Care Signature: _____

[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) 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: _____