

AMACON

LIVE WELL™

**Warranty Services
Work Order**

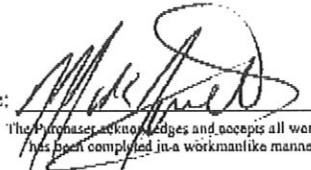
Phone: (905) 848-2069 Fax: (905) 848-2827

1007

Location **Eve - Tower: 1 - Unit: 1007**
 Closing Date **1007 - 3515 Kariya**
 Date **0000**
 Date **05Dec08**
 Contact Name(s) **Erika Palladino and Ken Russell**
 Contact Telephone#
 Company: **Megacity Tile**
 Attention:
 Telephone:
 Fax: **(905) 761-0990**
 From: **Warranty Services Department - Head Office**

Please complete the following items:

Deficiency Number	Issue		Appointment Date/Time	Notes
1071	FOYER / ENTRY- CLOSET-GROUT LEFT 4 TILES DIFERENT COLOURS		✓	
1097	MAIN BATHROOM- FLOORING-SAYING TILE IN WASHROOM SHOULD BE THROUGHOUT UNIT & GROUT CHANGES COLOUR THROUGHOUT	NO DETAILS		
1102	KITCHEN- FLOORING: 1-TILES CHIPPED 5 THFROM LEFT OF SLIDIDIG DOOR & 4TH UP		✓	
1116	KITCHEN- BACKSPLASH-UNDER CABINET RIGHTOF WINDOW BACKSPLASH MISSING ON BOTH SMALL CORNER WALLS	Please make sure that we have the backsplash right if so write us back explaining	X	

Date Completed: DEC 13, 08Purchaser Signature: 

The Purchaser acknowledges and accepts all work has been completed in a workmanlike manner.

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# 1071/1097/1102/1116 Eve Ph 1 Lot 1007

Mail