

Forms - Work Order - Logged in user is: Mark Fritz

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AMACON

LIVE WELL

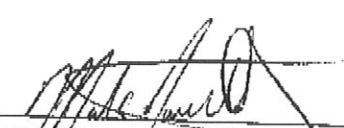
**Warranty Services
Work Order**

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

Location	<u>Eve - Tower: 1 - Unit: 1801</u> <u>1801 - 3515 Kariya</u>
Closing Date	<u>0000</u>
Date	<u>12Dec08</u>
Contact Name(s)	<u>Annie Lo and Sunny Kwong</u>
Contact Telephone#	
Company:	<u>Megacity Tile</u>
Attention:	
Telephone:	
Fax:	<u>(905) 761-0990</u>
From:	<u>Warranty Services Department - Head Office</u>

Please complete the following items:

Deficiency Number	Issue	Appointment Date/Time	Notes
4432	MAIN BATHROOM- WALLS-1st tile right of showerhead marked	✓	

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# 4432 Eve Ph 1 Lot 1801