

LIVE WELL

Warranty Services Work Order

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

Location Eve - Tower: 1 - Unit: 202

202 - 3515 Kariya

Closing Date

0000

Date

24Nov08

Contact Name(s)

Ricardo Mohammed and Mari Mohammed

Contact Telephone#

v:

Amacon Service

Company: Attention:

Carlos Bravo

Telephone:

Fax:

9 (05-) 848--282

From:

Warranty Services Department - Head Office

Please complete the following items:							
Deficiency Number	Issue		Appointment	Notes			
			Date/Time				
181	FOYER / ENTRY- DOORS: 1-FRAME TOP LEFT NEEDS TO BE CLEANED						
183	FOYER / ENTRY- DOORS: 2-FRAME TOP RIGHT DIRTY FLAKING						
187	LIVING/DINING ROOM- FLOORING: 1-HARDWOOD FLOOR 8 FROM RIGHT WHEN FACING BALCONY SCUFFED	V					
189	LIVING/DINING ROOM- WINDOWS: 1-DOOR HANDLE NEEDS CLEANED OR ITS SCRATCHED						
194	GUEST BEDROOM 1- WALLS: 1- DRYWALL AT BOTTOM LEFT CORNER OF ELECTRICAL PANEL NEEDS PATCHING						
198	GUEST BEDROOM 1- CLOSET- WIRE SHELVING SCUFFED ALONG THE FRONT						
200	GUEST BEDROOM 1- WINDOWS- FRAME TOP RIGHT NEEDS CLEANING GREEN TAPE BESIDE CLOSET						
202	MASTER BEDROOM- WALLS- REPAINT MARKS AT DOOR TO						

	BALCONY ON LEFT JUST ABOVE HANDLE	/	
204	MASTER BEDROOM- WALLS: 2- CLEAN SCUFF MARKS BPTTOM RIGHT SIDE OF BALCONY DOOR FRA E		
206	MASTER BEDROOM- WALLS: 3- SAND 3 FEET FROM WINDIW 1.5 FEET FROM CEILING		
1	MASTER BEDROOM- DOORS- FRAME ON BALCONY DOOR BLACK MARKS DOWN LEFT SIDE AND ON THE CORNER		
1 /	MASTER BEDROOM- DOORS: 1- FRAME CHIPPED @ TOP RIGHR CORNER	V	
216	MAIN BATHROOM- COUNTERTOPS-BACKSPLASH RED SUBSTANCE TO BE REMOVED & PENCIL MARKS		
220	ENSUITE BATHROOM- TUB- OUTSIDE OF TUB SCUFFED BESIDE TOILET ON FIRDT LEDGE UP FROM FLOOR		
224	KITCHEN- APPLIANCE-WASHING MACHINE IN LAUNDRY CLOSET SCRATCHED		

Date Completed: DEC 08 2008	Purchaser Signature:	
BRAND		The Purchaser acknowledges and accents 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.

Back - Forms Menu

TD# 181/183/187/189/194/198/200/202/204/206/209/211/216/220/224 Eve Ph 1 Lot 202

Mail