


A M A C O N

L I V E W E L L

**Warranty Services
Work Order**

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

| | |
|---------------------------|---|
| Location | Eve - Tower: 1 - Unit: 205 205 - 3515 Kariya |
| Closing Date | 0000 |
| Date | 27Nov08 |
| Contact Name(s) | George Andreopoulos |
| Contact Telephone# | |
| Company: | Barwood Flooring |
| Attention: | |
| Telephone: | |
| Fax: | (416) 431-2393 |
| From: | Warranty Services Department - Head Office |

| Please complete the following items: | | | | |
|--------------------------------------|---|--|-----------------------|--|
| Deficiency Number | Issue | | Appointment Date/Time | Notes |
| 30 ✓ | LIVING/DINING ROOM-FLOORING: 1-SCRATCHED 11 board from front of cable box | | ✓ |  C. BIANO DEC 01 - 2008 |
| 31 ✓ | LIVING/DINING ROOM-FLOORING: 2-MISSING TRANSITION STRIP to den | | ✓ | |
| 32 ✓ | LIVING/DINING ROOM-FLOORING: 3-space between BASEBOARD & FLOOR LEFT OFFPHONE JACK & SAME LEFT OF PATIO DOOR | | ✓ | Lower the base board or 1/4 round. (carpenter) |
| 54 ✓ | KITCHEN- FLOORING-HARDWOOD FLOOR T-CAP DENTED & SCRATCHED | | ✓ | |

Date Completed: Dec 1 2008Purchaser 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.