

LIVE WELL

Location

Date

Closing Date

Contact Name(s)

Warranty Services Work Order

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

Eve - Tower: 1 - Unit: 301

Gracie Jorgensen and Tonia Beebe

301 - 3515 Kariya

0000 30Nov08

Contact Telephone#					
Company: Amacon Ser					
Attention: Carlos Brave		0			
Telepho					
Fax:	(905) 848-2				
From:	From: Warranty Services Department - Head Office				
Please c	complete the following items:				
Deficiency	Issue		Appointment	Notes	
Number			Date/Time		
337	FOYER / ENTRY- DOORS-entry door scuffed				
338	FOYER / ENTRY- DOORS: 1- damage on lower and upper door	Check to see what is going on			
351	KITCHEN- APPLIANCE: 1- fridge moves				
352	LAUNDRY CLOSET- DOORS- door not level	Please check if JJ of Metro			
354	LIVING/DINING ROOM- CEILING-ok	Check if we need to call the moulding guy			
D	Dtr. 100 hours		<u> </u>		
Date Completed: Purchaser 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) 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

ID# 337/338/351/352/354 Eve Ph 1 Lot 301

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

Mail