

Warranty Services Work Order

LIVE WELL

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

| Location | tion Eve - Tower: 1 - Unit: 1010 | | | | |
|--------------------|--|--|--|--|--|
| | 1 <u>010 - 3515 Kariya</u> | | | | |
| Closing Date | 0000 | | | | |
| Date | 19Dec08 | | | | |
| Contact Name(s) | Jie Xin Lu | | | | |
| Contact Telephone# | | | | | |
| Company: | <u>JJ Home Products</u> | | | | |
| Attention: | Rocky Favaro | | | | |
| Telephone: | | | | | |
| Fax: | (416) 798-7792 | | | | |
| From: | Warranty Services Department - Head Office | | | | |

| Please complete the following items: | | | | | | | | |
|--------------------------------------|--|--|--------------------------|-------|--|--|--|--|
| Deficiency Number | Issue | | Appointment Date/Time | Notes | | | | |
| | FOYER / ENTRY- CLOSET- RIGHTOF DOORS ALUMINUM BENY OUT SEETAPE | | | | | | | |
| | MAIN BATHROOM- TUB: 3- SHOWER DOOR MISSING | | · Commence of the second | | | | | |

| | <i>5</i> | Date/Time | |
|------|--|--------------------------|---|
| 3735 | FOYER / ENTRY- CLOSET- RIGHTOF DOORS ALUMINUM BENY OUT SEETAPE | | * |
| 3766 | MAIN BATHROOM- TUB: 3- SHOWER DOOR MISSING | · Carrier Market Comment | |
| | | | |

Date Completed:

Amacon Gristomer Care 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)

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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TD# 3735/3766 Eve Ph 1 Lot 1010