

Warranty Services Work Order

LIVE WELL

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

| Location | Eve - Tower: 1 - Unit: 1102 | |
|--------------------|--|--|
| | 1102 - 3515 Kariya | |
| Closing Date | 0000 | |
| Date | 19Dec08 | |
| Contact Name(s) | Michael Dawson and Andrea Flores | |
| Contact Telephone# | | |
| Company: | Lisi Mechanical | |
| Attention: | | |
| Telephone: | | |
| Fax: | (4 <u>16) 674-5309</u> | |
| From: | Warranty Services Department - Head Office | |

| Please complete the following items: | | | | |
|---|----|--------------------------|-------|--|
| Deficiency Number Issue | | Appointment Date/Time | Notes | |
| ENSUITE BATHROOM- TOILET-top of lid scuffed | i/ | | | |

| Data Campleted | 1 c #: | Amacon Quistomer Care Signature |
|-----------------|--------------|---------------------------------|
| Date Completed: | Frank Coulli | THING /hr |

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.

Back - Forms Menu

ID# 1188 Eve Ph 1 Lot 1102