| Α | M | A | C | 0 | N |
|----------|---|---|---|---|---|
| 20 C. L. | 4 | | | | |

Warranty Services Work Order

LIVE WELL

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

 Location
 Eve - Tower: 1 - Unit: 1602

 1602 - 3515 Kariya Dr

 Closing Date
 0000

 Date
 22 Dec 08

 Date
 22Dec08

 Contact Name(s)
 Stephanie Calaminici and Crescenzo Santoro

Contact Telephone#

Company: Barwood Flooring

Attention:

Telephone:

Fax:

(416) 431-2393

From: Warranty Services Department - Head Office

| | Please complete the following items: | | | | | | |
|------------|--------------------------------------|--|----------|-------------|-------|--|--|
| Deficiency | | | | Appointment | Notes | | |
| ١ | Number | | | Date/Time | | | |
| | | LIVING/DINING ROOM- FLOORING-entry to kitchen teacap scratched quarter round cut long | S | | | | |
| | 1439 | The state of the s | | | | | |
| | | LIVING/DINING ROOM-FLOORING: 3-centre floor scratched | 1/ | | | | |
| | 1447 / | MAIN BATHROOM- FLOORING: 1-entry teacap to bathroom - glue marks | | / | | | |
| | 1459 / | LIVING/DINING ROOM- FLOORING-entry to kitchen teacap scratched quarter round cut long | | | | | |

Date Corant Sed. Disc 27-2006

Amacapaffystamer 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) 848-2827.

have this form signed by homeowner on completion. Please fax the signed form to our office (903) 946-2027.

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.

Rack - Forms Menu

ID# 1438/1439/1441/1447/1459 Eve Ph 1 Lot 1602