

## Warranty Services Work Order

LIVE WELL

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

Location	<u>Eve - Tower: 1 - Unit: 1709</u> 1709 - 3515 <u>Kariya</u>		
Closing Date	0000		
Date	<u>16Feb09</u>		
Contact Name(s)	Aref Kamal		
Contact Telephone#			
Company:	Allan Windows		
Attention:			
Telephone:			
Fax:	<u>(905) 738-1988</u>		
From:	Warranty Services Department - Head Office		

Please complete the following items:						
Deficiency Number	Issue		Appointment Date/Time	Notes		
	GUEST BEDROOM 1- WINDOWS: 1- centre windowframe not flush - bottom centre					

Date Completed:						
FEB	4	2009_				

Amacon Castomer 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.

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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ID# 1681 Eve Ph 1 Lot 1709