



Warranty Services Work Order

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

Location	<u>Eve - Tower: 1 - Unit: 2101</u>
	<u>2101 - 3515 Kariya</u>
Closing Date	<u>0000</u>
Date	<u>19Jan09</u>
Contact Name(s)	<u>Wanda Golasz</u>
Contact Telephone#	
Company:	<u>Lisi Mechanical</u>
Attention:	
Telephone:	
Fax:	<u>(416) 674-5309</u>
From:	<u>Warranty Services Department - Head Office</u>

Please complete the following items:				
Deficiency Number	Issue		Appointment Date/Time	Notes
5949	KITCHEN- SINK-right sink scuffed			
5961	MAIN BATHROOM- TOILET-secure toilet seat			<i>Lisi</i>

Date Completed: _____

Amacon Customer 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# 5949/5961 Eve Ph 1 Lot 2101