AMACON

Warranty Services Work Order

LIVE WELL

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

Location	Eve - Tower: 1 - Unit: 2602		
	<u>2602 - 3515 Kariya</u>		
Closing Date	0000		
Date	<u>27Jan09</u>		
Contact Name(s)	Hong Le		
Contact Telephone#			
Company:	Lisi Mechanical		
Attention:			
Telephone:			
Fax:	(416) 674-5309		
From:	Warranty Services Department - Head Office		

Please complete the following items:					
Deficiency	Issue		Appointment	Notes	
Number			Date/Time		
8266	MAIN BATHROOM- TUB-low water				
II 🗸 II	pressure				
\$I II	MAIN BATHROOM- SINK-low water				
	pressure		<u> </u>		
	ENSUITE BATHROOM- TUB-low water				
	pressure		<u> </u>		
8270 🗸	ENSUITE BATHROOM- SINK-low water	$\parallel \sqrt{}$			
	pressure		<u> </u>		
8273	KITCHEN- SINK-low water pressure				

Date Completed: 5AW 27 Log

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# 8266/8267/8269/8270/8273 Eve Ph 1 Lot 2602