

## LIVE WELL

## Warranty Services Work Order

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

Location	Eve - Tower: 1 - Unit: 502	
İ	502 - 3515 Kariya	
Closing Date	0000	
Date	05Jan09	
Contact Name(s)	Manjit Gill	
Contact Telephone#		
Company:	<u>Tops Drywall</u>	
Attention:		
Telephone:		
Fax:	( <u>905)</u> <u>629</u> -4988	
From:	Warranty Services Department - Head Office	

Please complete the following items:						
Deficiency Number	Issué		Appointment Date/Time	Notes		
	LIVING/DINING ROOM- WALLS- DRYWALL outside bedroom wall 3 feet from floor					
	KITCHEN- WALLS-HOLE above floor left side of fridge		L			

Date Completed:

Amacon Lustomer 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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