

AMACON

LIVE WELL

**Warranty Services
Work Order**

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

Location	<u>Eve - Tower: 1 - Unit: 601</u>
Closing Date	<u>0000</u>
Date	<u>05Jan09</u>
Contact Name(s)	<u>???</u>
Contact Telephone#	
Company:	<u>KMK Construction</u>
Attention:	
Telephone:	
Fax:	<u>(905) 913-0353</u>
From:	<u>Warranty Services Department - Head Office</u>

Please complete the following items:

Deficiency Number	Issue		Appointment Date/Time	Notes
643	LIVING/DINING ROOM-WINDOWS-Caulking left side of window edge needs to be touched up		✓	

Date Completed:

Jan 08/09 14

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.

[Back - Forms Menu](#)

ID# 643 Eve Ph 1 Lot 601