

**AMACON**

LIVE WELL

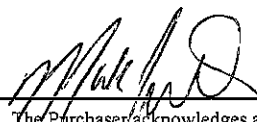
**Warranty Services****Work Order**

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

<b>Location</b>	<b>Eve - Tower: 1 - Unit: 1001</b>
	<b>1001 - 3515 Kariya</b>
<b>Closing Date</b>	0000
<b>Date</b>	05Dec08
<b>Contact Name(s)</b>	Roxanne Roopchand
<b>Contact Telephone#</b>	
<b>Company:</b>	Amacon Service
<b>Attention:</b>	Carlos Bravo
<b>Telephone:</b>	
<b>Fax:</b>	(905) 848-2827
<b>From:</b>	Warranty Services Department - Head Office

Please complete the following items:				
Deficiency Number	Issue		Appointment Date/Time	Notes
982 ✓	LIVING/DINING ROOM- WALLS- SILICONE SEAL LEFT OF PATIO DOOR NEEDS SMOOTHING		✓	
983 ✓	MASTER BEDROOM- FLOORING- CLEAN CARPET BLACK MARKS THROUGH OUT @ ENTRANCE RIGHT OF WALL STEAM CLEAN		✓	
990 ✓	KITCHEN- CABINETS- CABINETS ABOVE MICROWAVE NEED ADJUSTING		✓	
992	KITCHEN- CABINETS: 1-DRAWERS NOT LINED UP PROPERLY			Kitchen's
994 ✓	KITCHEN- CABINETS: 2-RRUBBER SILENCERS MISSING ON LOWER CABINETS DBL UNDER SINK LEFT OF DRAWERS CORNER LEFT OF STOVE		✓	
996 ✓	KITCHEN- APPLIANCE-RANGE DOOR NOT CLOSING PROPERLY LIGHT STAYS ON SHOULD RUBBER STOPPER BE REMOVED		✓	
998	KITCHEN- APPLIANCE: 1-DISHWASHER LARGE GAP @ TOP AND BRACKET ON RIGHT HAS CRACKED CABINET			Kitchen's

Date Completed: Dec. 18/08 1g

Purchaser Signature:   
The Purchaser acknowledges and accepts all work has been completed in a workmanlike manner.

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# 982/983/990/992/994/996/998 Eve Ph 1 Lot 1001

[Mail](#)