Upperpa

AMACON

LIVE WELL

Warranty Services Work Order

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

Eve - Tower: 1 - Unit: 2207 Location

2207 - 3515 Kariya

Closing Date

0000 22Jan09

Date Contact Name(s)

Kuljit Manget

Contact Telephone#

Company: Attention:

Amacon Service

Carlos Bravo

Telephone: Fax:

(905) 848-2827

From:

Warranty Services Department - Head Office

| lease complete the following items: | | | | | | |
|-------------------------------------|---|---|---|-------|--|--|
| Deficiency Number | Issúe | 11 | Appointment Date/Time | Notes | | |
| 797 🗸 | FOYER / ENTRY- CLOSET-access panel to be firmly attached to wall | | | | | |
| 5798 🗸 | FOYER / ENTRY- CLOSET: 1-doors to closet need adjusting | | Laborator and the same of the | | | |
| 5801 | GUEST BEDROOM 1- DOORS- doorframe entering guest bedroom - edges rough needs sanding | | | / | | |
| 6802 | GUEST BEDROOM 1- CLOSET- adjust closet doors - 1/2" gap towards bottom - left side | | | Mark. | | |
| 6803 V | MASTER BEDROOMleft side of mirror closet - 3" above baseboard depited | | * | | | |
| 6804 | MASTER BEDROOM- WALLS-J moldpaint to be cleaned up | | | | | |
| 6805 V | DEN- WALLS-baseboard left side centre wall scratched | | | | | |
| 6806 \ | MAIN BATHROOM- DOORS-when entering - left side of main bathroom doorframe - moulding dented - 6" from floor | | | | | |
| 6807 | ENSUITE BATHROOM- TUB-tub spout - needs to be sealed by tiles | | | | | |
| 6808 | MAIN BATHROOM- TUB-tub spout - needs to be sealed by files | g. de | Red Andrew | //// | | |

| 6809 🖊 | ENSUITE BATHROOM- TUB: 1-drain cap- needed - missing plug | | |
|--------|---|---|----------|
| 6814 | KITCHEN- APPLIANCE-fridge scratched - freezer door - see tape | | Whileon |
| 6815 | KITCHEN- APPLIANCE: 1-left side of microwave corner dented see tape | With the second | Whilperd |

Date Completed:

ømer 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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