

A M A C O N

L I V E W E L L


**Warranty Services
Work Order**

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

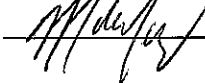
Location	<u>Eve - Tower: 1 - Unit: 2710</u> <u>2710 - 3515 Kariya</u>
Closing Date	<u>0000</u>
Date	<u>04Feb09</u>
Contact Name(s)	<u>Rachelle Gura</u>
Contact Telephone#	
Company:	<u>Amacon Service</u>
Attention:	<u>Carlos Bravo</u>
Telephone:	
Fax:	<u>(905) 848-2827</u>
From:	<u>Warranty Services Department - Head Office</u>

Please complete the following items:				
Deficiency Number	Issue		Appointment Date/Time	Notes
9749	✓ FOYER / ENTRY- WALLS-dent by security box	✓		
9750	✓ FOYER / ENTRY- WALLS: 1-left corner dent see tape	✓		
9751	✓ FOYER / ENTRY- DOORS-doorframe chipped see tape	✓		
9752	✓ FOYER / ENTRY- ELECTRICAL/LIGHTING-flies in light fixture	✓		
9753	✓ LIVING/DINING ROOM- FLOORING-floor by balcony door marks - see tape	✓		
9755	✓ KITCHEN- ELECTRICAL/LIGHTING-dishwasher not plugged in	✓		

Date Completed:

February 4, 09 

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.