



LIVE WELL

# Warranty Services Work Order

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

|                           |   |
|---------------------------|---|
| <b>Location</b>           | <u>Eve - Tower: 1 - Unit: 3208</u><br><u>3208 - 3515 Kariya</u> |
| <b>Closing Date</b>       | <u>0000</u>   |
| <b>Date</b>               | <u>31Mar09</u>  |
| <b>Contact Name(s)</b>    | <u>Wilfred Wai Bun and Kwok Kuen Leung</u>                      |
| <b>Contact Telephone#</b> |   |
| <b>Company:</b>           | <u>Amacon Service</u>   |
| <b>Attention:</b>         | <u>Carlos Bravo</u>   |
| <b>Telephone:</b>         |   |
| <b>Fax:</b>               | <u>(905) 848-2827</u>   |
| <b>From:</b>              | <u>Warranty Services Department - Head Office</u>               |

| Please complete the following items: |  |   |                       |       |
|--------------------------------------|--|---|-----------------------|-------|
| Deficiency Number                    | Issue  |   | Appointment Date/Time | Notes |
| 13714                                | FOYER / ENTRY- WALLS-O.K.kht AROUND  |   |                       |       |
| 13715                                | FOYER / ENTRY- DOORS-Otouch up etry doorframe  |   |                       |       |
| 13718                                | LIVING/DINING ROOM- WINDOWS-d00r not lined up balc0ny touch up paint on balcony door |   |                       |       |
| 13719                                | LIVING/DINING ROOM- WALLS-right and left walls need touch up see tape                |   |                       |       |
| 13720                                | MASTER BEDROOM- DOORS-touch up door frame closet                                     |   |                       |       |
| 13722                                | MAIN BATHROOM- --lock broken   |   |                       |       |
| 13726                                | KITCHEN- APPLIANCE-microwave scratched see tape fridge handle is missing             | ✓ |                       |       |

Date Completed:

MARCH 23/09

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)