ystomer Care Signature:



Warranty Services Work Order

LIVE WELL

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

Location		Eve - Tower: 1 - Unit: 3707			
		3707 - 3515 Kariy	<u>a</u>	. 5	
Closing Date		0000			
Date		<u>02Mar09</u>			
Contact Name(s)		Lai King Regina Ho/ Whill Chang HomeLife			
Contact Telephone#		Res: (416) 409-1639 Bus: (905) 513-1823			
Company:		Canadian Whirlpool Services			
Attention:		Greg Fleming			
Telepho	ne:				
Fax:		9 (05-) 476481			
From:		Warranty Services Department - Head Office			
Please complete the following items:					
Deficiency Number	Issue			Appointment	Notes
			ì	Date/Time	
13308	ENSUITE BATHROOM- TUB-chip				
	top left side of tub,				
		<u> </u>	J	IL	

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)

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# 13308 Eve Ph 1 Lot 3707

Mail