



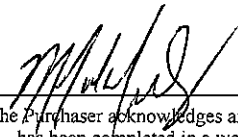
Warranty Services  
Work Order  
Phone: (905) 848-2069 Fax:(905) 848-2827

Location	Eve - Tower: 1 - Unit: 803
	803 - 3515 Kariya
Closing Date	0000
Date	05Dec08
Contact Name(s)	Gulzar Singh and Amarjit Kaur
Contact Telephone#	
Company:	Amacon Service
Attention:	Carlos Bravo
Telephone:	
Fax:	(905) 848-2827
From:	Warranty Services Department - Head Office

Please complete the following items:				
Deficiency Number	Issue		Appointment Date/Time	Notes
778	✓ MASTER BEDROOM- WALLS- LEFT OF WINDOWS 5 FEET UP DENTED DRYWALL		✓	
781	✓ MASTER BEDROOM- WALLS: 3- HOLE IN CORNER @ BULKHEAD ABOVE ELECTRIC PANEL		✓	
782	✓ MASTER BEDROOM- DOORS- O.K.		✓	
783	✓ MASTER BEDROOM- CEILING- CLEAN EDGE STIPPLE & WALL ABOVE ELECTRIC PANEL TO THE LEFT		✓	
785	✓ MASTER BEDROOM- WINDOWS- CLEAN SLIDERS A LOT OF DEBRIS		✓	
789	✓ KITCHEN- CABINETS- UPPER CABINETS MISSING SHELVES DBL RIGHT OF FRIDGE SINGLE RIGHT OF FRIDGE			Kitchen's
792	✓ KITCHEN- CABINETS: 1- SHELF BRACKETS MISSING LEFT OF MICROWAVE		✓	
793	✓ KITCHEN- CABINETS: 2- BRACKETS MISSING RIGHT OF MICROWAVE		✓	

796	KITCHEN- CABINETS: 3- BRACKETS MISSING LOWER CABINET RIGHTOF DRAWERS		✓	
797	KITCHEN- CABINETS: 4- WARRANTIES AND INFORMATION BOOKS MISSING NOT IN TOP DRAWER	Pina to check what happened	—	Mark or Pina

Date Completed: Dec. 16/08

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.**

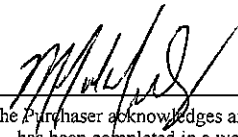
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Mail

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