AMACON

Warranty Services Work Order

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

Eve - Tower: 1 - Unit: 909 909 - 3515 Kariya Location

0000 **Closing Date** Date 05Dec08 Contact Name(s) Yahya Alkhodari

WELL

Contact Telephone#

Company: Amacon Service Attention: Carlos Bravo

Telephone:

Fax:

LIVE

(905) 848-2827

From: Warranty Services Department - Head Office

Please complete the following items:							
Deficiency Number	Issue		Appointment Date/Time	Notes			
953	FOYER / ENTRY- WALLS-centre wall when entering rightside 2' up black marks		Variation of the second				
	FOYER / ENTRY- WALLS: 1- rightside edges by entry same side aas laundry closet black marks		V A A A A A A A A A A A A A A A A A A A				
	LIVING/DINING ROOM- WALLS: 2- hall leading to both bedrooms black marks left of outlet		Land and the same of the same				
,	GUEST BEDROOM 1- WINDOWS- large window leftside caulking cracked also caulking needs to be touchups						
	MASTER BEDROOM- WALLS- bulkhead rightside by window cracked		A September 1985				
970 /	ENSUITE BATHROOM- VANITY CABINETS-both tops of doors cracked			Kitchens			
973 🗸	KITCHEN- CABINETS-leftside of fridge pantry doors scratched top and bottom			osuce coli			
,,,,	KITCHEN- CABINETS: 1-large cabinet shelves missing			the of			
977 🗸	KITCHEN- CABINETS: 2-large cabinet left of stove gap			1000 A 10			
979	KITCHEN- CABINETS: 3-rightside			* * * * * * * * * * * * * * * * * * *			

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	lazy susan cabinet doors need adjusted - 1/2" gap	ALC INC. SEC.	Kithha
980	KITCHEN- APPLIANCE-freezer door leftside scratched	-	looks ok
1532	LIVING/DINING ROOM- WINDOWS-caulking by balcony door entry needs to be touch uped		
1534	ENSUITE BATHROOM- ELECTRICAL/LIGHTING: 1- bathroom outlet needs to be straightened		

Date Completed:

Purchaser Signature:

The Purchaser asknowledges 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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