

July 29, 2010

Copy to:

Andrew Kwan & Melody Villasante
3515 Kariya Drive 3008
MISSISSAUGA ON
L5B 0C1

Amacon Development (Huronario) Corp.
2 Harbour St.
TORONTO Ontario
M5J 3B1

Enrolment # H1512433
Case # 2500557

Vendor/Builder # 33372
Lot: Pt. 16, Plan:
Mississauga, City

*WILSON/10
PASS
EVE - 3008*

Your Conciliation Inspection

Homeowner:

The conciliation inspection of your home has been scheduled for September 7, 2010 at 10:00 a.m.. The purpose of this inspection is to assess the unresolved items from your Year-End Form. A copy of that form is attached. The items that you reported as resolved by your builder are crossed out, and the items you identified as outstanding remain as is.

Please send a copy of your Agreement of Purchase and Sale and Schedule "C" of the declaration for your condominium, as well as any other documents that support your Year-End Form, to our office at the above address within the next two weeks. These documents are required by Tarion to conduct the conciliation inspection and assess the situation. If you have already provided any of these documents to us, you do not need to resend them, as we will have them on file.

Also note that items included in your condominium project's common elements will not form part of the inspection because such items are not covered by your unit's statutory warranty. You should report these items in writing to the condominium corporation's Board of Directors. (For a complete description of your unit's boundaries, refer to Schedule "C" of the Declaration of your condominium, which should be included with your Disclosure Statement.)

Your builder has until August 30, 2010 to repair or otherwise correct all items from your Year-End Form that are part of your home and are covered by the warranty. During this time, you should work with your builder to resolve any outstanding items and allow their representatives access to your home during regular business hours to conduct the work.

We will contact you just prior to the inspection to determine if it is still necessary and request that you please contact us to cancel the conciliation inspection as soon as your builder completes the required work.

We wish to remind you that there is a fee of \$282.50 (includes HST: \$32.50) for this conciliation, which will be refunded to you if we determine that one or more items we inspect are covered by the warranty. Your builder will pay a fee of \$1130.00 (includes HST: \$130.00) if this inspection is found to be chargeable.

If you wish to cancel this inspection, you must provide us with at least one business day's advance notification, or you will forfeit your conciliation fee.

Builder:



Tarion Warranty Corporation

Customer Centre
5150 Yonge Street, Concourse Level
Toronto, Ontario M2N 6L8
Toll-Free: 1-877-982-7466
www.tarion.com

Please send a copy of the Pre-Delivery Inspection Form to Tarion at this time.

Linda Leclair
Claim Service Representative

Now you can manage your warranty online with our new online service: MyHome!
You can also know what is covered by the warranty by searching the *Construction Performance Guidelines*.
Visit www.tarion.com for more details and to register.

2010-02-27 07:31:51 EST
Tario Pharmaceuticals Inc.

PAGE: 001 OF 001

FROM: 9057919174; 905 791 4767
10:51:41 p.m. 02-26-2009

1 / 1

STATUTORY WARRANTY FORM**Year-End Form**

**TO NOTIFY TARION OF OUTSTANDING WARRANTY ITEMS, COMPLETE AND SUBMIT THIS FORM
IN THE FINAL 30 DAYS OF THE FIRST YEAR OF POSSESSION OF YOUR HOME.**

YOU MAY SUBMIT ONLY ONE YEAR-END FORM.

Submit this Form to the Tarion Customer Centre, located at 5150 Yonge Street, Concourse Level, Toronto, Ontario M2N 6L8, in person, by mail or courier, or by fax to 1-877-664-9710. See your *Homeowner Information Package* for details about submitting this Form. Send a copy of the completed Form to your Builder and keep a copy for yourself. Please print all information.

Home Identification Information (Refer to your Certificate of Completion and Possession to complete this box.)

2009/03/03

Date of Possession (YYYY/MM/DD)

33372

Vendor/Builder #

151 24 33

Enrolment #

Civic Address (address of your home under warranty):

3515

Street Number

Kariya Drive

Street Name

3008

Condo Suite # (if applicable)

Mississauga

City/Town

L5B0C1

Postal Code

Pt. 16

Lot #

EVE

Contact Information of Homeowner(s):

Project/Subdivision Name

Andrew Kwan

Homeowner's Name

Melody Villasante

Homeowner's Name (if applicable)

(905) 791-8276 Ext 5446

Daytime Phone Number

(416) 536-3361

Daytime Phone Number

(647) 238-1000

Evening Phone Number

(416) 890-6417

Evening Phone Number

() -

Fax Number

() -

Fax Number

Email Address

Email Address

Check this box if you are not the original
registered homeowner.

Check this box if you are not the original
registered homeowner.

Mailing Address for Correspondence to Homeowner (if different from Civic Address above)

Street Number

Street Name

Condo Suite #
(if applicable)

City/Town

Province

Postal Code

TARN-YRND-03.02

Page 1 of 2

For additional information about new home warranty protection, visit our website at www.tarion.com or call us at 1-877-9TARION (1-877-982-7465).

2010-02-27 07:34:00 EST
905 791 4767

PAGE: 001 OF 001

FROM: 905 791 9174; 905 791 4767

10:53:49 PM 02/26/2010

1/1

You may submit only one
Year-End Form, so be sure it is
complete.

Tarion will only accept and act
on the first Year-End Form that
has been properly submitted
on time.

Outstanding Items

List all outstanding items covered by the statutory warranty in the table below. If you are reporting a Special Seasonal Item, please also check the box below. If you require more space, please make copies of this page, number them and attach them to this Statutory Warranty Form.

Check this box to report an outstanding Special Seasonal Item
such as grading, sodding, walkways or paving. Please also
provide details below.

Item #	Room/Location	Description
1)	Entrance	Main entrance door has multiple scratches
2)	Entrance	Moulding above door needs to be sanded/painted
3)	Kitchen	Back splash grout needs to be re-applied
4)	Kitchen	Counter top/back splash caulking peeling/cracking
5)	Dinning Room	Gaps between hardwood flooring
6)	Living Room	Chub of hardwood sunk/warped near window
7)	Washroom	Grout needs reapplying between tiles in shower
8)	Washroom	Caulking needs reapplying around tub/tiles
9)	Kitchen	Various parts of Cabinets damaged including welts on covers/chipped damage doors/shelves
10)	Kitchen	Light railing drooping
11)	Balcony	Cement on balcony floor eroding, cracking and enter forming/going larger.
12)	Balcony	Shoring ground balcony floor railing separating

Andrew Kwan

3515 Kariya Drive Suite 3008 Mississauga, ON L5B0C1

The items specified on this Statutory Warranty Form constitute a complete list of all known warranty items which are outstanding and have not been resolved by my Builder to date.

Homeowner's Signature

2010 102 127

Date of Signature (YYYY/MM/DD)

Amulya Vellasa

Homeowner's Signature (if applicable)

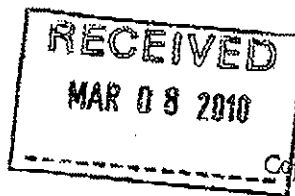
Remember to send a copy of this
completed Form to your Builder.

Please note that you should allow your Builder's representatives or subcontractors access to your home during regular business hours, at a mutually acceptable time arranged in advance, in order to complete the necessary work. Failure to do so may jeopardize your warranty rights.

TARN-YRND-03 02

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For additional information about new home warranty protection, visit our website at www.tarion.com or call us at 1-877-914-ARION (1-877-982-7493).



Tarion Warranty Corporation

Customer Centre
5190 Yonge Street, Concourse Level
Toronto, Ontario M2N 6L8
Toll-Free: 1-877-982-7466
www.tarion.com

March 4, 2010

Andrew Kwan & Melody Villasante
3515 Kariya Drive 3008
MISSISSAUGA ON
L5B 0C1

Copy to:

Amacon Development (Huronario) Corp.
2 Harbour St
TORONTO Ontario
M5J 3B1

Enrolment # H1512433
Case # 2500557

ASSESS.

Vendor/Builder # 33372
Lot: Pt. 16, Plan: , Block:
Mississauga, City

We Have Accepted Your Year-End Form

Dear Homeowner,

Thank you for submitting a Year-End Form. We are accepting this form based on the Date of Possession of record for your home, March 3, 2009.

What Happens Next

Your builder should resolve the items that are covered by the warranty by July 2, 2010. Please note there are specific situations for which this timeline may not apply (such as repairs to the exterior of your home which require suitable weather conditions). For more details about repair periods, please refer to the *Homeowner Information Package* or contact us at the number below.

If Your Items Are Not Resolved

If your items are not resolved by the above date, you may contact us between July 3, 2010 and August 3, 2010 to request a Tarion inspection of your home to assess the situation.

Note to Condominium Owners

Tarion's Warranty Forms are for reporting items related to your unit. Common element items must be reported to the condominium corporation's Board of Directors. For a complete description of your unit boundaries, please refer to the disclosure statement attached to your purchase agreement.

Manage Your Warranty Online with MyHome

If you have not already done so, please register for MyHome, a web-based service that allows you to submit Tarion forms and manage your warranty online at your convenience. Visit www.tarion.com to register.

If you have any questions, please contact us at 1-877-982-7466.

Sincerely,

Suzanne Tiffin
Vice President, Customer Services

Not sure if your items are covered?

Visit our website to view the *Construction Performance Guidelines*. The Guidelines describe many of the most commonly reported construction deficiencies and indicate which are covered by the warranty.

TARION
PROTECTING CANADIANS WHO HAVE BUILT

STATUTORY WARRANTY FORM Year-End Form

TO NOTIFY TARION OF OUTSTANDING WARRANTY ITEMS, COMPLETE AND SUBMIT THIS FORM
IN THE FINAL 30 DAYS OF THE FIRST YEAR OF POSSESSION OF YOUR HOME.
YOU MAY SUBMIT ONLY ONE YEAR-END FORM.

Submit this Form to the Tarion Customer Centre, located at 5150 Yonge Street, Concourse Level, Toronto, Ontario M2N 6L8, in person, by mail or courier, or by fax to 1-877-834-8710. See your Homeowner Information Package for details about submitting this Form. Send a copy of the completed Form to your Builder and keep a copy for yourself. Please print all information.

Home Identification Information (Refer to your Certificate of Completion and Possession to complete this box)

2009/03/03 33372 151 2433
Date of Possession (YYYY/MM/DD) Vendor/Builder # Enrolment #
Civic Address (address of your home under warranty):
3515 Kariya Drive 3008
Street Number Street Name Condo Suite # (if applicable)
Mississauga L5B 0C1 Pt. 16 EVE
City/Town Postal Code Lot #

Contact Information of Homeowner(s):

Andrew Kwan
Homeowner's Name
(905) 791-8276 Ext 5444
Daytime Phone Number
(647) 239-1000
Evening Phone Number
() -
Fax Number

Melody Villante
Homeowner's Name (if applicable)
(416) 536-3361
Daytime Phone Number
(416) 890-6417
Evening Phone Number
() -
Fax Number

Email Address

Check this box if you are not the original registered homeowner.

Email Address

Check this box if you are not the original registered homeowner.

Mailing Address for Correspondence to Homeowner (if different from Civic Address above)

Street Number Street Name Condo Suite #
(if applicable)
City/Town Province Postal Code

You may submit only one Year-End Form, so be sure it is complete.

Taron will only accept and act on the first Year-End Form that has been properly submitted on time.

Outstanding Items

List all outstanding items covered by the statutory warranty in the table below. If you are reporting a Special Seasonal Item, please also check the box below. If you require more space, please make copies of this page, number them and attach them to this Statutory Warranty Form.

Check this box to report an outstanding Special Seasonal Item such as grading, sodding, walkways or paving. Please also provide details below.

For additional information about how to use the warranty protection, visit our website at www.taron.ca or call us at 1-877-674-0101 or 416-742-7400.

Item #	Room/Location	Description
1)	Entrance	Main entrance door has multiple scratches ✓
2)	Entrance	Moulding above door needs to be sanded/painted ✓
3)	Kitchen	Back splash-grout needs to be reappplied ✓
4)	Kitchen	Counter top/back splash caulking peeling/cracking ✓
5)	Dinning Room	Gaps between hardwood flooring X
6)	Living Room	Slab of hardwood sunk/warped near window ✓
7)	Washroom	Grout needs reapplying between tiles in shower ✓
8)	Washroom	Caulking needs reapplying around tub/tiles ✓
9)	Kitchen	Various parts of cabinets damaged including welts on covers/chipped damage doors/shelves ✓
10)	Kitchen	Light railing drooping ✓
11)	Balcony	Cement on balcony floor eroding, cracking and crumbling ✓
		Crated forming/getting larger.
12)	Balcony	Shims Grand balcony glass railing separating ✓
		HOMEOWNER,

INSIDE

COMMON AREA.

P.D.I. ITEMS?

COMMON AREA:

COMMON AREA.

Andrew Kaban 3515 Kariya Drive Suite 300 Mississauga, ON L5B 0C1

The items specified on this Statutory Warranty Form constitute a complete list of all known warranty items which are outstanding and have not been resolved by my Builder to date.

Homeowner's Signature

Homeowner's Signature (If applicable)

2010 102127
 Date of Signature (YYYY/MM/DD)

Remember to send a copy of this completed Form to your Builder.

Please note that you should allow your Builder's representatives or subcontractors access to your home during regular business hours, at a mutually acceptable time arranged in advance, in order to complete the necessary work. Failure to do so may jeopardize your warranty rights.

TARN-YRND-03.02

AMACON

LIVE WELL

**Warranty Services
Work Order**

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

Location	<u>Eve - Tower: 1 - Unit: 3008</u>
Closing Date	<u>3008 - 3515 Kariya</u>
Date	<u>0000</u>
Contact Name(s)	<u>09Mar10</u>
Contact Telephone#	<u>Andrew Kwan and Melody Villasante</u>
Company:	<u>Barwood Flooring</u>
Attention:	
Telephone:	
Fax:	<u>(416) 431-2393</u>
From:	<u>Warranty Services Department - Head Office</u>

Please complete the following items:

Deficiency Number	Issue	Appointment Date/Time	Notes
18434	Living Room- Slab of hardwood sunk/warped near window		<i>Melody Villasante</i>

Date Completed:

29 Nov 02 / 10

Amacon Customer Care Signature:

RECEIVED

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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ID# 18434 Eve Ph 1 Lot 3008



Warranty Services Work Order

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

Location	<u>Eve - Tower: 1 - Unit: 3008</u> <u>3008 - 3515 Kariya</u>
Closing Date	<u>0000</u>
Date	<u>09Mar10</u>
Contact Name(s)	<u>Andrew Kwan and Melody Villasante</u>
Contact Telephone#	
Company:	<u>Cartier Kitchens</u>
Attention:	<u>Sam Harrison</u>
Telephone:	
Fax:	<u>(905) 793-6720</u>
From:	<u>Warranty Services Department - Head Office</u>

Please complete the following items:

Deficiency Number	Issue		Appointment Date/Time	Notes
18197	Kitchen- Screw broke through bottom psnel			<i>Mark Fritz</i>

Date Completed:

March 17/10

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.

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# 18197 Eve Ph 1 Lot 3008

AMACON

LIVE WELL

**Warranty Services
Work Order**

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

Location	<u>Eve - Tower: 1 - Unit: 3008</u>
Closing Date	<u>3008 - 3515 Kariya</u>
Date	<u>0000</u>
Contact Name(s)	<u>09Mar10</u>
Contact Telephone#	<u>Andrew Kwan and Melody Villasante</u>
Company:	<u>Kabinetz</u>
Attention:	<u>Paul Cammallori</u>
Telephone:	
Fax:	
From:	<u>Warranty Services Department - Head Office</u>

Please complete the following items:			
Deficiency Number	Issue	Appointment Date/Time	Notes
18435	Kitchen- Various part of cabinets damaged including welts on covers/chipped, damaged doors/shelves. (not on PDI)		5'4 x 30'2 Fidel M Aug 3, 10

Pedro order *[Signature]*

Date Completed:

Aug 4 / 10

Amacon Customer Care Signature:

[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.

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# 18435 Eve Ph 1 Lot 3008

AMACON

LIVE WELL

**Warranty Services
Work Order**

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

Location Eve - Tower: 1 - Unit: 3008
Closing Date 3008 - 3515 Kariya
Date 0000
Contact Name(s) 07Apr09
Contact Telephone# Andrew Kwan and Melody Villasante
Company: Barwood Flooring
Attention:
Telephone:
Fax: (416) 431-2393
From: Warranty Services Department - Head Office

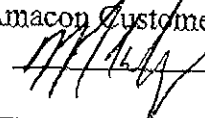
Please complete the following items:

Deficiency Number	Issue	Appointment Date/Time	Notes
14286	Living Room- boards dented and scratched	<input checked="" type="checkbox"/>	

Date Completed:

Apr 7/09

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.

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# 14286 Eve Ph 1 Lot 3008

AMACON

LIVE WELL

**Warranty Services
Work Order**

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

Location	<u>Eve - Tower: 1 - Unit: 3008</u> <u>3008 - 3515 Kariya</u>
Closing Date	<u>0000</u>
Date	<u>05Mar09</u>
Contact Name(s)	<u>Andrew Kwan and Melody Villasante</u>
Contact Telephone#	
Company:	<u>Canadian Whirlpool Services</u>
Attention:	<u>Greg Fleming</u>
Telephone:	
Fax:	<u>9 (05-) 476--481</u>
From:	<u>Warranty Services Department - Head Office</u>

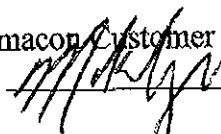
Please complete the following items:

Deficiency Number	Issue	Appointment Date/Time	Notes
13526	MAIN BATHROOM- TUB: 1-scratch top rear, see tape		

Date Completed:

April 1/09

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.

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# 13526 Eve Ph 1 Lot 3008

Mail

AMACON**LIVE WELL****Warranty Services****Work Order**

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

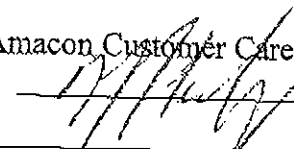
Location	<u>Eve - Tower: 1 - Unit: 3008</u>
Closing Date	<u>3008 - 3515 Kariya</u>
Date	<u>0000</u>
Contact Name(s)	<u>24Nov09</u>
Contact Telephone#	<u>Andrew Kwan and Melody Villasante</u>
Company:	<u>Allan Windows</u>
Attention:	
Telephone:	
Fax:	<u>(905) 738-1988</u>
From:	<u>Warranty Services Department - Head Office</u>

Please complete the following items:			
Deficiency Number	Issue	Appointment Date/Time	Notes
18198	Living Room- Large line in livingroom window	✓	

Date Completed:

NOV 24/09

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.

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# 18198 Eve Ph 1 Lot 3008

AMACON**LIVE WELL****Warranty Services
Work Order**

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

Location	<u>Eve - Tower: 1 - Unit: 3008</u>
Closing Date	<u>3008 - 3515 Kariya</u>
Date	<u>0000</u>
Contact Name(s)	<u>24Nov09</u>
Contact Telephone#	<u>Andrew Kwan and Melody Villasante</u>
Company:	<u>JJ Home Products</u>
Attention:	<u>Rocky Favaro</u>
Telephone:	
Fax:	<u>(416) 798-7792</u>
From:	<u>Warranty Services Department - Head Office</u>

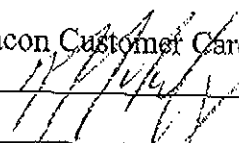
Please complete the following items:

Deficiency Number	Issue	Appointment Date/Time	Notes
18196	Foyer- Mark on Mirror		

Date Completed:

Nov 24/09

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.

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# 18196 Eve Ph 1 Lot 3008

AMACON

LIVE WELL™

**Warranty Services
Work Order**

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

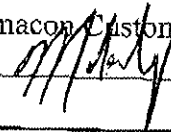
Location	<u>Eve - Tower: 1 - Unit: 3308</u>
Closing Date	<u>3308 - 3515 Kariya</u>
Date	<u>0000</u>
Contact Name(s)	<u>10Sept09</u>
Contact Telephone#	<u>Eric Tumbagahan</u>
Company:	<u>Barwood Flooring</u>
Attention:	
Telephone:	
Fax:	<u>(416) 431-2393</u>
From:	<u>Warranty Services Department - Head Office</u>

Please complete the following items:				
Deficiency Number	Issue		Appointment Date/Time	Notes
14038	LIVING/DINING ROOM-FLOORING-board not flush 8th board from left wall in front of cable outLET, see tape	✓		
17231	Living Room- harwood floor damaged due to fancoil leaking	✓		

Date Completed:

SEP 2/09

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.

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# 14038/17231 Eve Ph 1 Lot 3308

**AMACON****Warranty Services
Work Order**

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

LIVE WELL

Location Eve - Tower: 1 - Unit: 3008
Closing Date 3008 - 3515 Kariya
Date 0000
Contact Name(s) 09Mar10
Contact Telephone# Andrew Kwan and Melody Villasante
Company: Amacon Service
Attention: Mark Fritz
Telephone:
Fax: 9 (052) 32--4637
From: Warranty Services Department - Head Office

Please complete the following items:

Deficiency Number	Issue		Appointment Date/Time	Notes
18440	Kitchen- Backsplash-grout needs to be re-applied. Item not on PDI	small areas are cracked		→ T/U SMALL AREA
18441	Kitchen- Countertop/backsplash caulking peeling/cracking			→ SILICONE COUNTERTOP
18442	Main Bathroom- Grout needs reapplying between tiles in shower, needs to be assessed			→ T/U SMALL AREAS
18443	Main Bathroom- Caulking needs reapplying around tub/tiles			→ RE-SILICONED TUB
18444	Kitchen- Light railing drooping			

Date Completed:

MARCH 16, 2010

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.

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# 18440/18441/18442/18443/18444 Eve Ph 1 Lot 3008

ELLE CUSTOMER SERVICE

TRACKING REPORT

DATE	NAME	DESCRIPTION	STATUS
July 15	ANDREW KWAN/ MELODY VILLASANTE	WAS ADVISED OF SIDE GABLE TO BE INSTALLED ON AUG 3 / 12	OPEN.
JULY 27	ANDREW	WAS ADVISED OF MAIN Door 3 TIMES THAT THIS Door IS GOING TO BE CHANGED UNDER THE TECHNICAL AUDIT PERFORMED BY PROPERTY MANAGEMENT. HE WAS ADVISED TO CALL THEM, WHICH HE IS GOING TO.	
AUG 3 / 12	ANDREW KWAN	NOTIFY OF PERMISSION TO ENTER HIS SUITE AS CARPENTER IS READY TO DO THE REPAIR.	
AUG 4 / 12	ANDREW	WORK IS DONE BUT NOT MAIN Door	CLOSE