

AMACON

LIVE WELL

Warranty Services
Work Order

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

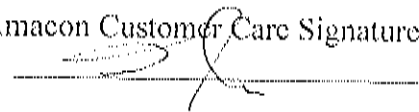
Location	<u>Eve - Tower: 1 - Unit: 2107</u>
Closing Date	<u>2107 - 3515 Kariya</u>
Date	<u>0000</u>
Contact Name(s)	<u>15Apr10</u>
Contact Telephone#	<u>Angela He</u>
Company:	<u>Amacon Service</u>
Attention:	<u>Mark Fritz</u>
Telephone:	
Fax:	<u>9 (052) 32--4637</u>
From:	<u>Warranty Services Department - Head Office</u>

Please complete the following items:			
Deficiency Number	Issue	Appointment Date/Time	Notes
18470	Master Bedroom- Also kitchen window sill is cracking at the ends,needs paint touch up	APR 28/10	COMPLETED

Date Completed:

APR 28/10

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.

[Back - Forms Menu](#)

ID# 18470 Eve Ph 1 Lot 2107