AMACON

LIVE WELL

Warranty Services
Work Order

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

Location	**Eve - Tower: 1 - Unit: 1009**
	1009 - 3515 Kariya
Closing Date	0000
Date	21Jan10
Contact Name(s)	Vangal Subramanyam
Contact Telephone#	
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
18179	Air holes stipple - complete ceiling (re-spray) on Living room, den, Master bedroom and 2nd Bedroom.			

Date Completed: _____

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# 18179 Eve Ph 1 Lot 1009

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Warranty Services
Work Order

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

Location	**Eve - Tower: 1 - Unit: 1009**
	1009 - 3515 Kariya
Closing Date	0000
Date	21Jan10
Contact Name(s)	Vangal Subramanyam
Contact Telephone#	
Company:	Kabinetz
Attention:	Paul Cammalleri
Telephone:	
Fax:	
From:	Warranty Services Department - Head Office

Please complete the following items:

Deficiency Number	Issue		Appointment Date/Time	Notes
14267	Kitchen- kitchen cabinet drawer crack on the bottom			
18176	Main Bathroom- Chipped corner left of toilet paper holder.			

Date Completed: .....

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.

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ID# 14267/18176 Eve Ph 1 Lot 1009