

A M A C O N

L I V E W E L L

**Warranty Services
Work Order**

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

Location	<u>Eve - Tower: 1 / Unit: 1208</u> <u>1208 - 3515 Kariya</u>
Closing Date	<u>0000</u>
Date	<u>10Mar10</u>
Contact Name(s)	<u>Matin Mazloum and Badi Abdolmaleki</u>
Contact Telephone#	
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
18377	Main Bathroom- the stopper in the bath tub is not working			
18378	Main Bathroom- there is a gap in the caulking around the toilet			
18379	Main Hall- there was a leak outside my suite where the fire hose cabinet is. because of the leak there might be some water damage in the wall behind fire hose			

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# 18377/18378/18379 Eve Ph 1 Lot 1208