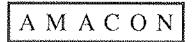


## Warranty Services Work Order

LIVE WELL Phone: (905) 848-2069 Fax:(905) 848-2827								
Location		Eve - Tower:	Eve - Tower: 1 - Unit: 1209					
Closing Date Date Contact Name(s)		<u>0000</u> 10Mar10	1209 - 3515 Kariya / 0000					
Contact Telephone#								
Company:			Amacon Service					
Attention: Telephone:		Mark Fritz	Mark Fritz					
Fax:		9 (052) 32-46	37					
From:			Warranty Services Department - Head Office					
		· · · · · · · · · · · · · · · · · · ·						
Please o	complete the fol	lowing items:/	i			]		
Deficiency Number	lssue			Appointment Date/Fime	Notes			
18310	Kitchen- left ca crack on the ins	binet above stove has side of door	a					
Date Completed:  Amacon Customer Care Signature								
representa 848-2827. Failure to	o this form, it is you dive must have this comply with this:	ir responsibility to arrange form signed by homeowr	and adhere to ter on complet t Developmen	the appointn tion. Please fa ats (and it's a	ould no appointment time or date apment you have scheduled. Your servax the signed form to our office (90 group of companies) the right to ced above.	vice (5)		
Back - Forms Menu ID# 18310 Eve Ph 1 Lot 1209								



## Warranty Services Work Order

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

Location	Eve - Tower: 1 - Unit: 1209
	<u> 1209 - 3515 Kariya</u>
Closing Date	0000
Date	<u>10Mar10</u>
Contact Name(s)	Diane Williams
Contact Telephone#	
Company:	<u>Lisi Mechanical</u>
Attention:	
Telephone:	
Fax:	<u>(416) 674-5309</u>
From:	Warranty Services Department - Head Office

Please complete the following items:						
Deficiency Number	Issue		Appointment Date/Fime	Notes		
	Main Bathroom- hot & cold water reversed in bath tub					

Date Completed:	Amacon Customer Care Signature:
W10130013001301013010100000000000000000	

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# 18311 Eve Ph 1 Lot 1209