

AMACON

LIVE WELL

**Warranty Services
Work Order**

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

Location	<u>Eve - Tower: 1 - Unit: 1209</u>
Closing Date	<u>1209 - 3515 Kariya</u>
Date	<u>0000</u>
Contact Name(s)	<u>10Mar10</u>
Contact Telephone#	<u>Diane Williams</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
18310	Kitchen- left cabinet above stove has a crack on the inside of door			

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# 18310 Eve Ph 1 Lot 1209

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

Please complete the following items:				
Deficiency Number	Issue		Appointment Date/Time	Notes
18311	Main Bathroom- hot & cold water reversed in bath tub			

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# 18311 Eve Ph 1 Lot 1209