AMACON

LIVE WELL

Warranty Services
Work Order

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

Location	**Eve - Tower: 1 - Unit: 1508**
	1508 - 3515 Kariya
Closing Date	0000
Date	10Mar10
Contact Name(s)	Tara Benson
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
16163	Living Room- dents top left and bottom right very drafty does not close flush	30	✓	DONE
18334	Living Room- condensation in each sliding window living room and bedroom	Y		
18335	Living Room- balcony door rattles during windy conditions	Y		

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# 16163/18334/18335 Eve Ph 1 Lot 1508

AMACON

LIVE WELL

Warranty Services
Work Order

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

Location	**Eve - Tower: 1 - Unit: 1508**
	1508 - 3515 Kariya
Closing Date	0000
Date	10Mar10
Contact Name(s)	Tara Benson
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
18333	Kitchen- repeated breakage of cupboard door hinges	Y		

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# 18333 Eve Ph 1 Lot 1508

AMACON

LIVE WELL

Warranty Services
Work Order

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

Location	**Eve - Tower: 1 - Unit: 1508**
	1508 - 3515 Kariya
Closing Date	0000
Date	10Mar10
Contact Name(s)	Tara Benson
Contact Telephone#	
Company:	York Sheet Metal
Attention:	Gerry Edelenbos
Telephone:	
Fax:	9 (05-) 850--057
From:	Warranty Services Department - Head Office

Please complete the following items:

Deficiency Number	Issue		Appointment Date/Time	Notes
18336	Throughout- wind enters balcony vent and rattles ductwork through entire length of suite (during high winds)		✓	DONE,

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# 18336 Eve Ph 1 Lot 1508