



Warranty Services Work Order

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

L I V E W E L L

Location	Eve - Tower: 1 - Unit: 1508
Closing Date	1508 - 3515 Kariya
Date	10Mar10
Contact Name(s)	Tara Benson
Contact Telephone#	Amaccon Service
Company:	Mark Fritz
Attention:	
Telephone:	
Fax:	9 (052) 32--4637
From:	Warranty Services Department - Head Office

Deficiency Number	Issue	Appointment	Date/Time	Notes
16163	Living Room - dents top left and bottom right very drafty does not close flush	✓		DONE
18334	Living Room - condensation in each sliding window living room and bedroom	✓		
18335	Living Room - balcony door rattles during windy conditions	✓		

Please complete the following items:

Date Completed:

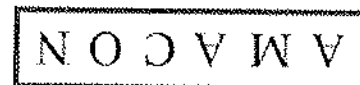
Amaccon Customer Care Signature:

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ID# 16163/18334/18335 Eve Ph 1 Lot 1508

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 Amaccon 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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Work Order**

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L I V E W E L L

Location	Eve - Tower: 1 - Unit: 1508
Closing Date	1508 - 3515 Kariya
Date	10Mar10
Contact Name(s)	Tara Benson
Contact Telephone#	Kabinetz
Company:	Paul Cammalleri
Attention:	
Telephone:	
Fax:	
From:	Warranty Services Department - Head Office

Please complete the following items:			
Deficiency Number		Appointment	Date/Time
Issue			
18333	Kitchen- repeated breakage of cupboard door hinges	2	
			Notes

Date Completed:

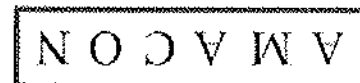
Amakon Customer Care Signature:

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



**Warranty Services
Work Order**

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

L I V E W E L L

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

Please complete the following items:			
Deficiency Number		Appointment	Date/Time
Issue			
18336		Through-out- wind enters balcony vent and rattles ductwork through entire length of suite (during high winds)	
		Done,	
		Notes	

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# 18336 Eve Ph 1 Lot 1508