

Return
Done



Warranty Services
Phone: (905) 232-4636
Fax: (905) 232-4637

Work Order

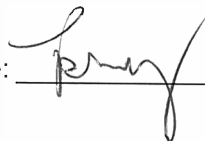
Omar Bewazir

Location: THE RESIDENCES AT PARKSIDE VILLAGE - TWO - Suite: 503
Today's Date: 01Nov16
Company: Amacon Customer Care - Site
Attention: Sandy Cardoso
Telephone:
Fax: (905) 232-4637

Please Complete the following items:

Deficiency Number	Issue		Appt. Date/Time	Notes
71203 Done	FOYER / ENTRY- CLOSET~rough discolored paint on wall inside closet on right side near sliding door.	✓		
71205 Done Tracks on floor	LIVING/DINING ROOM- WALLS~dirt on wall in 2 places left of windows. large chip on floor 4 ft to right of thermostat and 3 ft from wall.	✓		
71206 Done	MASTER BEDROOM- WALLS~paint bubble on inside of door just right of handle. rough paint just above baseboard just right of door. extra paint on vinyl trim on left of window. crack in paint on corner edge of wall where it meets wall above window on left side.	✓		
71207 Done	MASTER BEDROOM- CLOSET~closet door paint chipped on left of handle.	✓		
71208 Done	BATHROOM 1st FLOOR- DOORS~door not latching closed.	✓		
71211 Done	KITCHEN- WALLS~mark on wall on right side over stove. middle light bulb out. crack in paint on wall edge over cabinets. marks on wall edge to left of fridge 9 ft from floor.	✓		

	paint cracked almost up to ceiling about 1 ft to the right of laundry starting 8 ft up.			
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Date Completed: Nov 8/16 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) 232-4637.

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.

Date: _____ Homeowner (or Homeowner Rep.) Signature: _____