

30-Day Form

TO NOTIFY TARION OF OUTSTANDING WARRANTY ITEMS, COMPLETE AND SUBMIT THIS FORM BEFORE THE END OF THE FIRST 30 DAYS OF POSSESSION OF YOUR HOME.

YOU MAY SUBMIT ONLY ONE 30-DAY FORM.

Submit this Form to the Tarion Customer Centre, located at 5150 Yonge Street, Concourse Level, Toronto, Ontario M2N 6L8, in person, by mail or courier, or by fax to 1-877-664-9710. See your Homeowner Information Package for details about submitting this Form. Send a copy of the completed Form to your Builder and keep a copy for yourself. Please print all information.

Home Identification Information (Refer to your Certificate of Co	ompletion and Possession to complete this box.)
Lolo I /2/23 Date of Possession (YYYY/MM/DD) Vendor/Builder #	34 1630994 Enrolment#
Civic Address (address of your home under warranty):	
Street Number Street Name	Condo Suite # (if applicable)
Barre	5039 Chelterhan Sur
City/Town Postal Code	Lot#
Contact Information of Homeowner(s):	, Project/Subdivision Name
Colleen Gowldson Homeowner's Name (708) 435-1540	TIMOTHU GOULDSUM Homeowner's Name (if applicable) (705) 732 - 07(02
Daytime Phone Number '	Daytime Phone Number
(705) 737 - 2762	
Evening Phone Number	Evening Phone Number
	() –
Fax Number	Fax Number
COLLECH - GOULDSM 3 CAMOUL . Email Address Com . Check this box if you are not the original registered homeowner.	Email Address Check this box if you are not the original registered homeowner.
Mailing Address for Correspondence to Homeowner (if	different from Civic Address above)

_	espondence t	r (if different fro	m Civic Address a	above)

15	Chettenhem Road		8
Street Number	Street Name		Condo Suite#
Barne	Ontario	LYM OET	(if applicable)
City/Town	Province	Postal Code	

Outstanding items must be specifically listed and described.

A reference to the Pre-Delivery Inspection Form or to other documentation will not be accepted.

Outstanding Items

List all outstanding items covered by the statutory warranty in the table below. If you require more space, please make copies of this page, number them and attach them to this Statutory Warranty Form.

Item#	Room/Location	Description
V	Living Rm.	sweet not installed on Furnace door.
a		m: dywall repairs benind door.
3		rm. heat vent in wall crooked.
		Paint touch up under window
5		nroom: drywall repairs in concer behind toilet
Ce	stairs.	repair hole in ceiling above chandelier open
1		Paten dywall in stairwell.
	Front du	of complete weather stripping.
9		scratales a tear in vinyl Flooring.
10	Kitchen	handle on struce scrutched to metal
		1

The items specified on this Statutory Warranty Form outstanding and have not been resolved by my Builder	constitute a complete list of all known warranty items which are to date.
Homeowner's Signature	Homeowner's Signature (if applicable)
2011 / OI / IS Date of Signature (YYYY/MM/DD)	Remember to send a copy of this completed Form to your Builder.

Please note that you should allow your Builder's representatives or subcontractors access to your home during regular business hours, at a mutually