



**Construction Manager (CM) Representative  
Contact**  
**Phone: 416.865.0500 x239**  
**Fax: 416.309.2337**

**Location:** Trump International Hotel and Tower - Residence - Suite: 5502  
**Today's Date:** 14Mar14  
**Company:** Far East Aluminum  
**Attention:** Ken Sung - Cell:  
**Telephone:** (905) 940-0333  
**Fax:** (905) 940-1666

**Please Complete the following items:**

Deficiency Number	Issue		Appt. Date/Time	Notes
9065	GUEST BEDROOM 1- Adjust window			

Date to be Completed: \_\_\_\_\_ CM Rep. Signature: \_\_\_\_\_

Inspection Date: \_\_\_\_\_

Please schedule service to complete the work described above within two weeks of receipt of this Work Order. It is your responsibility to book your own appointment unless we have included appointment details on this form.

Your Service Person must ask the homeowner to sign this form when the work has been completed. If the owner is not available to sign this Work Order, the person who completes the work should sign and date the form. Fax the completed Work Order to us at 416-309-2337.

In the event that you do not complete this service work within 14 days, Brookfield Multiplex reserves the right to carry out the repairs on your behalf and the labour and material costs may be billed back to you plus a 15% administrative fee.

Homeowner Rep. Signature: \_\_\_\_\_ CM Rep. Signature: \_\_\_\_\_