AMACON

Warranty Services Work Order

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

Location	Eve - Tower: 1 - Unit: 1102
	1102 - 3515 Kariya
Closing Date	0000
Date	1 <u>9Dec08</u>
Contact Name(s)	Michael Dawson and Andrea Flores
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		
	MAIN BATHROOM- VANITY CABINETS-drawer chipped left side					
1189	ENSUITE BATHROOM- VANITY CABINETS-mark on drawer front		Comment of the second			
	KITCHEN- CABINETS: 1-CABINET above frisge needs alignment					
l l	KITCHEN- CABINETS: 2-cabinets left of stive scratched underside			Kitchen's		
1544	KITCHEN- CABINETS-drawers rub needs realignment			11 12		

Number		L	Date/Time	_
1185	MAIN BATHROOM- VANITY CABINETS-drawer chipped left side			
1189	ENSUITE BATHROOM- VANITY CABINETS-mark on drawer front		Comment	
1193	KITCHEN- CABINETS: 1-CABINET above frisge needs alignment			
1195	KITCHEN- CABINETS: 2-cabinets left of stive scratched underside			Kitchens
1544	KITCHEN- CABINETS-drawers rub needs realignment			1 2 2 a

ner 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# 1185/1189/1193/1195/1544 Eve Ph 1 Lot 1102