

**A M A C O N**

L I V E   W E L L

**Warranty Services  
Work Order**

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

<b>Location</b>	<u>Eve - Tower: 1 - Unit: 602</u>
<b>Closing Date</b>	<u>602 - 3515 Kariya</u>
<b>Date</b>	<u>0000</u>
<b>Contact Name(s)</b>	<u>15Dec08</u>
<b>Contact Telephone#</b>	<u>Thomas T.V. Hoang and Patricia Hoang</u>
<b>Company:</b>	<u>Kabinetz</u>
<b>Attention:</b>	<u>Paul Cammalleri</u>
<b>Telephone:</b>	
<b>Fax:</b>	
<b>From:</b>	<u>Warranty Services Department - Head Office</u>

Please complete the following items:				
Deficiency Number	Issue		Appointment Date/Time	Notes
509 ✓	KITCHEN- CABINETS-pantry shelves rightside of fridge need to be put in			<u>DONE</u>
512 ✓	KITCHEN- CABINETS: 2-first drawer leftside of fridge is uneven and also 3rd drawer			<u>DONE</u>
515 ✓	KITCHEN- CABINETS: 4-large cabinet left of drawers is not aligned			<u>DONE</u>

Date Completed: DEC 17 2008

Purchaser Signature: \_\_\_\_\_

The Purchaser acknowledges and accepts all work has been completed in a workmanlike manner.

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.