

AMACON

LIVE WELL

**Warranty Services
Work Order**

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

Location	<u>Eve - Tower: 1 - Unit: 702</u>
Closing Date	<u>702 - 3515 Kariya</u>
Date	<u>0000</u>
Contact Name(s)	<u>15Dec08</u>
Contact Telephone#	<u>Muhammad Tanweer</u>
Company:	<u>Kabinetz</u>
Attention:	<u>Paul Cammalleri</u>
Telephone:	
Fax:	
From:	<u>Warranty Services Department - Head Office</u>

Please complete the following items:				
Deficiency Number	Issue		Appointment Date/Time	Notes
2729 ✓	ENSUITE BATHROOM- VANITY CABINETS-drawer rubs drain trap			<u>DONE</u>
2731 ✓	KITCHEN- CABINETS-ADJUST CABINET over microwave rub together			<u>DONE</u>
2733 ✓	KITCHEN- CABINETS: 1-realign drawers			<u>DONE</u>
2735 ✓	KITCHEN- CABINETS: 2-install shelf lower cabinet right of stove			<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.