



LIVE WELL

Warranty Services
Work Order

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

Location	Eve - Tower: 1 - Unit: 705
Closing Date	705 - 3515 Kariya
Date	0000
Contact Name(s)	15Dec08
Contact Telephone#	Bassant Gobin and Bridget Gobin
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
719 ✓	KITCHEN- CABINETS-shelves need to be put in cabinet above dishwasher			DONE

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.