

AMACON

LIVE WELL

**Warranty Services
Work Order**

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

Location	<u>Eve - Tower: 1 - Unit: 709</u>
Closing Date	<u>709 - 3515 Kariya</u>
Date	<u>0000</u>
Contact Name(s)	<u>15Dec08</u>
Contact Telephone#	<u>Kollapuri Vinod Kumar</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
758 ✓	KITCHEN- CABINETS-CABINET LEFT OF MICROWAVE NEEDS ADJUSTING NOT CLOSING			<u>DONE</u>
759 ✓	KITCHEN- CABINETS: 1-DBL CABINET UNDER SINK NOT CLOSING PROPERLY			<u>DONE</u>
761 ✓	KITCHEN- CABINETS: 2- DRAWER RAIL MAKING			<u>DONE</u>
763 ✓	KITCHEN- COUNTERTOPS- LICKING NOISE NOT SMOOTHLY CLOSING 2ND DOWN FROM COUNTER			<u>DONE</u>
765 ✓	KITCHEN- COUNTERTOPS: 1- CABINET LARGE BOTH TOP & BOTTOM LEFT OF FRIDGE NEED ALIGNMENT & SHELVES INSTALLED			<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