AMACON

Warranty Services Work Order

LIVE WELL

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

Location	Eve - Tower: 1 - Unit: 1903
	<u> 1903 - 3515 Kariya</u>
Closing Date	<u>0000</u>
Date	25Jan09
Contact Name(s)	Rosita Leung
Contact Telephone#	
Company:	<u>Kabinetz</u>
Attention:	Paul Cammalleri
Telephone:	
Fax:	
From:	Warranty Services Department - Head Office

Please complete the following items:						
Deficiency Number	Issue		Appointment Date/Time	Notes		
	KITCHEN- CABINETS: 4- CORNER CABINET RIGHTOF RANGE BOTTOM GAP IN BAC< OF CUPBOARD PIECE MISSING					

Date Complet	ed: ,	2 ^
	LL	<u>2009</u>

Amacon Castomer 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# 5297 Eve Ph 1 Lot 1903