

LIVE WELL

Warranty Services Work Order

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

| Location | Eve - Tower: 1 - Unit: 2201 |
|--------------------|--|
| | <u>2201 - 3515 Kariya</u> |
| Closing Date | 0000 |
| Date | <u>22Jan09</u> |
| Contact Name(s) | Lynette James |
| Contact Telephone# | |
| Company: | Cartier Kitchens |
| Attention: | Sam Harrison |
| Telephone: | |
| Fax: | <u>(905) 793-6720</u> |
| From: | Warranty Services Department - Head Office |

| Please complete the following items: | | | | | | | |
|--------------------------------------|---|--|--|----------|--|--|--|
| Deficiency Number | Issue | | Appointment Date/Time | Notes | | | |
| 6758 | KITCHEN- CABINETS-above microwave upper right cabinet door scratched - see tape | | | Kitchers | | | |
| | KITCHEN- CABINETS: 1-cabinet above microwave doors to be adjusted- see tape | | | | | | |
| 6760 / | KITCHEN- CABINETS: 2-3rd drawer left of fridge - door damaged -see tape | | Laboration | 9 | | | |
| | KITCHEN- CABINETS: 3-rigt edge of stove cabinet edge scratched | | | | | | |
| | KITCHEN- WALLS-gable by fridge 2 feet scratched - see tapr | | Santage Control of the Control of th | | | | |

| Date_Comple | ted: | 4 | 11/ |
|--------------|------|---|-----|
| ` | 1 | | X |

stømer 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# 6758/6759/6760/6761/6764 Eve Ph 1 Lot 2201