

Warranty Services Work Order

WELL LIVE

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

Location	<u>Eve - 1 ower: 1 - Unit: 808</u>
	<u>808 - 3515 Kariya</u>
Closing Date	<u>0000</u>
Date	<u>13Feb09</u>
Contact Name(s)	<u>Wai Man Chung</u>
Contact Telephone#	
Company:	<u>Kabinetz</u>
Attention:	Paul Cammalleri
Telephone:	
Fax:	4.0.00
From:	Warranty Services Department - Head Office

Please complete the following items:						
Deficiency Number	Issue		Appointment Date/Time	Notes		
	MAIN BATHROOM- VANITY CABINETS-excessive gap between doors, see tape					
	KITCHEN- CABINETS-realign uppercabinet doors, see tape					

uppercabinet doors, see tape		
Date Completed:	Amacon Customer C	lare 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# 11822/11825 Eve Ph 1 Lot 808