



LIVE WELL

Warranty Services
Work Order

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

Location Eve - Tower: 1 - Unit: 502
502 - 3515 Kariya
Closing Date 0000
Date 15Dec08
Contact Name(s) Manjit Gill
Contact Telephone#
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
311 ✓	KITCHEN- CABINETS-CABINET SCRATCHED upper pantry left side		<u>DONE</u>
313 ✓	KITCHEN- CABINETS: 1- SCRATCHED upper door insie 1st from microw ve		<u>DONE</u>
315 ✓	KITCHEN- CABINETS: 2-mark upper right of microwave		<u>DONE</u>
594 ✓	KITCHEN- NOTE-gap at island gable lower left side in hallway		<u>DONE</u>
596 ✓	KITCHEN- NOTE: 1-touch up top gable edge in hallway		<u>DONE</u>
598 ✓	KITCHEN- NOTE: 2-touch up front gable panel centre lower edge		<u>DONE</u>

Date Completed: DEC 16, 2008

Purchaser Signature: [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.

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