

A M A C O N

L I V E W E L L

**Warranty Services
Work Order**

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

Location	<u>Eve - Tower: 1 - Unit: 601</u>
Closing Date	<u>0000</u>
Date	<u>15Dec08</u>
Contact Name(s)	<u>???</u>
Contact Telephone#	
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
649 ✓	KITCHEN- CABINETS-Far left cabinet missing shelves			<u>DONE</u>
650 ✓	KITCHEN- CABINETS: 1-Far left cabinet bottom piece cracked			<u>DONE</u>
651 ✓	KITCHEN- CABINETS: 2-Right of shelves missing ALL SHELVES MISSING			<u>DONE</u>
652 ✓	KITCHEN- CABINETS: 3-cabinet left of microwave - edge up on top - cracked			<u>DONE</u>
653 ✓	KITCHEN- CABINETS: 4-Lazy Susan doors need to be adjusted			<u>DONE</u>
655 ✓	KITCHEN- CABINETS: 5-Left side of fridge - both cabinet bottoms scratched			<u>DONE</u>
656 ✓	KITCHEN- CABINETS: 6-Upper cabinet above fridge - left door - black mark			<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