AMACON

Warranty Services Work Order

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

Eve - Tower: 1 - Unit: 701 Location

<u>701 - 3515 Kariya</u>

Closing Date

Date

08Jan09

0000

Contact Name(s) Contact Telephone# Marek Purgat

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				
	MAIN BATHROOM- COUNTERTOPS-CHIPPED BY WALL			Kitchen's				

Date Comp	lete	ed: 👍		with the	<u>.</u>
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Amacon Customer 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)

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# 693 Eve Ph 1 Lot 701