

## Warranty Services Work Order

LIVE WELL

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

Location		Eve - Tower: 1 - Unit: 710			
		<u>710 - 3515 Kari</u> ya			
Closing Date		<u>000</u> 0			
Date		08 <u>Jan</u> 09			
Contact Name(s)		<u>Andrew</u> Suriano			
Contact Telephone#					
Company:		<u>Kabinetz</u>			
Attention:		<u>Paul Cammalleri</u>			
Telephone:					
Fax:		II 1000-			
From:		Warranty Services Department - Head Office			
Please complete the following items:					
Deficiency	Issue			Appointment	Notes
Number				Date/Time	<i>* •</i>
772	KITCHEN- CABIN fridge gable chippe				L. Willen

Date Completed:

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) 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# 772 Eve Ph 1 Lot 710