

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

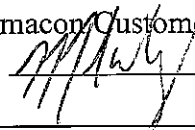
Location	<u>Eve - Tower: 1 - Unit: 1608</u> <u>1608 - 3515 Kariya</u>
Closing Date	<u>0000</u>
Date	<u>13Feb09</u>
Contact Name(s)	<u>Lisa Hall</u>
Contact Telephone#	
Company:	<u>Kabinetz</u>
Attention:	<u>Paul Cammalleri</u>
Telephone:	
Fax:	
From:	<u>Warranty Services Department - Head Office</u>

Please complete the following items:				
Deficiency Number	Issue		Appointment Date/Time	Notes
11119	MAIN BATHROOM- VANITY CABINETS-drawer rubbing on door, see tape	✓		
11120	KITCHEN- CABINETS-realign drawers, see tape	X		

Date Completed:

FEB 14 2009

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# 11119/11120 Eve Ph 1 Lot 1608