

LIVE WELL

Warranty Services Work Order

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

Location	Eve - Tower: 1 - Unit: 2105
	<u> 2105 - 3515 Kariya</u>
Closing Date	0000
Date	<u>19Jan09</u>
Contact Name(s)	Mohammad Shiraz
Contact Telephone#	
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	C San Carried Mar.	Notes	
	MAIN BATHROOM- VANITY CABINETS-repair drawer pull		A CONTRACTOR OF THE PARTY OF TH	, ·		
6489	KITCHEN- CABINETS-excessive gap lazy susan cupboard		See			

Date Complet	ed:	* _ * COM	Ph
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Amacon Qustomer 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# 6484/6489 Eve Ph 1 Lot 2105