



LIVE WELL

Warranty Services Work Order

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

Location	<u>Eve - Tower: 1 - Unit: 511</u>
Closing Date	
Date	<u>18Feb09</u>
Contact Name(s)	
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
10720 ✓	KITCHEN- CABINETS-top drawer left of fridge not opening properly -see tape	✓		
10721	KITCHEN- CABINETS: 1-screws caps in all upper cabinets not flush - sticking out -see tape			still need screw caps
10722 ✓	KITCHEN- CABINETS: 2-cabinet above microwave gap doors -see tape	✓		
10727	KITCHEN- WALLS: 1-kitchen island right edges chipped 3 places and paint drops -see tape			need parts

Date Completed:

FEB 18 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.

[Back - Forms Menu](#)

ID# 10720/10721/10722/10727 Eve Ph 1 Lot 511