

AMACON

LIVE WELL

**Warranty Services
Work Order**

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

Location	<u>Eve - Tower: 1 - Unit: 607</u>
Closing Date	<u>607 - 3515 Kariya</u>
Date	<u>0000</u>
Contact Name(s)	<u>15Dec08</u>
Contact Telephone#	<u>Ian Hoang</u>
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
540	✓ MAIN BATHROOM-COUNTERTOPS-AT LEFT COUNTER CUT SHORT AND FILLED IN NOT HAPPY WITH IT			<u>DONE</u>
543	✓ KITCHEN- CABINETS-HANDLES NOT INSTALLED 6TH CABINET RIGHT OF WINDOW	This is unacceptable!!		<u>DONE</u>
545	✓ KITCHEN- CABINETS: 1-CABINETS ABOVE MICROWAVE RUBBING ON MICROWAVE			<u>DONE</u>
547	✓ KITCHEN- CABINETS: 2-CABINET RIGHT OF WINDOW MISSING SHELF CLIP			<u>DONE</u>

Date Completed: JAN 2, 2009Purchaser Signature: 

The Purchaser acknowledges and accepts all work has been completed in a workmanlike manner.

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.