

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: 609</u>
Closing Date	<u>609 - 3515 Kariya</u>
Date	<u>0000</u>
Contact Name(s)	<u>15Dec08</u>
Contact Telephone#	<u>Michelle Raza</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
580	MAIN BATHROOM- COUNTERTOPS-board under counter missing screw	✓		<u>DONE</u>
583	ENSUITE BATHROOM- COUNTERTOPS-board on underside has holes	✓		<u>DONE</u>
585	KITCHEN- CABINETS-SHELF pegs missing upper and lower pantry, cabinet left of microwave	✓		<u>DONE</u>
586	KITCHEN- CABINETS: 1-screw caps missing	✓		<u>DONE</u>

Date Completed: DEC 17 2008

Purchaser 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.

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.