eve 609
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AMACON SERVICE REQUEST FORM
PLEASE MAIL, FAX OR SUBMIT ON-LINE
AMACON CONSTRUCTION LTD. ATTENTION: CUSTOMER CARE
2 HARBOUR STREET, TORONTO, ON M5J 3B1
TEL: 416-369-9069 FAX: 416-369-9068
www.amacon.com

NAME: MICHELLE RAZA SUITE # 609

DEVELOPMENT NAME:

ADDRESS: 3515 KARIYA DR

RES.TEL: 647-209-1303 BUS.TEL: 905-712-1084 x.3202

CELL: " FAX: —

DATE OF REQUEST: MARCH 25/09 (ANYTIME BEFORE JUNE 19/09)

A copy of your request form will be given to and reviewed by an Amacon Customer Care Representative. Your request and any follow up that may be required will be co-ordinated by one of our Customer Care Representatives to ensure that your concerns are addressed.

Service Request:

1. LOWER KITCHEN CABINET (BESIDE STOVE) → DOOR BROKE OFF HINGE ∴ HANGING OFF
2.
3.
4.

I AUTHORISE SUITE ENTRY