Eve Sales
1203
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AMACON DEVELOPMENT

AMACON SERVICE REQUEST FORM

PLEASE MAIL, FAX OR SUBMIT ON-LINE

AMACON CONSTRUCTION LTD.

2 HARBOUR STREET, TORONTO, ON [illegible]

TEL:416-[illegible] FAX: 416-[illegible] 905-232-4637 (Fax to AmaCon) Customer Care
(905)282-4686

ATTENTION CUSTOMER CARE: 3515 KARIYA DR.

TEL:905-[illegible] FAX: 905-[illegible]

NAME: Van Huynh **SUITE #** 1203

DEVELOPMENT NAME: Amacon **ADDRESS:** 3515 kariya Drive

RES.TEL: 289-232-0486 **BUS.TEL:**

FAX: **EMAIL:** **CELL:**

DATE OF REQUEST: Aug 20/09

SERVICE REQUEST:

1. Floor boards not as secure as they should be - excessive squeaking
2. (beside border dividing kitchen tiles and wood floor)
3. Outstanding issues:
4. kickplate not replaced
5. floorboards damaged / marked from balcony door leak + from original install.
6. kitchen countertop scratches (need to be re buffed)
7.
8.
9.
10.

pls call for access to suite 24 hrs notice pls.
(owners must be home) → cell 647-966-0700 - Eva

LIS1 9:30

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AMACON DEVELOPMENT

BATHROOM TRIM

AMACON SERVICE REQUEST FORM

PLEASE MAIL, FAX OR SUBMIT ON-LINE

AMACON CONSTRUCTION LTD.

2 HARBOUR STREET, TORONTO, ON M5J3B1

TEL:416-369-9069 FAX: 416-369-9068

DOWN

ATTENTION CUSTOMER CARE: 3515 KARIYA DR.

TEL:905-848-2069 FAX: 905-848-2827

NAME: Thanh-Van Huynh **SUITE #** 1203

DEVELOPMENT NAME: Amacon ADDRESS: 3515 Kariya Drive

RES.TEL: 289-232-0486 BUS.TEL: 905-507-9000 x 189 CELL: (Tanya)

FAX: EMAIL:

DATE OF REQUEST: March 30/09

SERVICE REQUEST:

1. Bathroom Sink (pipe is leaking) HANDY MAN TO FIX
2. kitchen sink (pipe is leaking on right side)
3.
4.
5.
6.
7.
8.
9.
10.

* pls call owners to schedule mutual time for owners to be home during repair (dog in suite).

** call Geoff @ 647-966-0700

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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: Thanh-Van Huynh SUITE # 1203

DEVELOPMENT NAME: Amacon

ADDRESS: 3515 Kariya Drive Mississauga.

RES.TEL: 289-232-0486 BUS.TEL:

CELL: 416-278-7480 FAX:

DATE OF REQUEST: Feb 2/09 (2nd ~~request~~ time requesting same issues)

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:

Done

1. toilet leaking after flushing (valve is currently off)
2. microwave unit has no power
3.
4.

H/O FEB 08/09
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EVE CONDOMINIUM

WORK ORDER

PROPERTY ADDRESS 3515 Kariya Drive SUITE NO. 1203

NAME Thanh Van Huynh
(Tenant ___ / Owner ✓) *please check one*

HOME PHONE 289-232-0486 BUS PHONE ___

CELL 416-278-7480

NATURE OF REQUEST
✓Done * 1) Toilet leaking after flushing (valve currently is off)
✓Done * 2) Microwave unit has no power - exhaust fan cannot work.

I wish to have the above noted repairs/maintenance work attended to and I hereby authorize Management or any agent of the Corporation to enter my unit and if necessary more than one visit required for completing the work. By signing this form provide the Management Office full access to my suite.

I also understand if the required repairs and or maintenance are the responsibilities of the unit owner as described in the Declaration and or in the Bylaws, I shall reimburse without delay the Corporation in full the cost of the repairs.

Owner's/Tenant's Signature [signature] DATE Feb 8/09

FOR MANAGEMENT OFFICE USE

DATE INSPECTED FEB 09/09 PROBLEM LOCATION KITCHEN & WASHROOM.

RECOMMENDED ACTION: THE LEAK IN WASH ROOM TANK HAS BEEN FIXED. AND IT WAS OK.
- THE MICROWAVE & EXHAUST FAN NOT WORKING BECAUSE NO POWER IN THE OUTLET OF MICROWAVE AT THE TOP CABINET.

PURCHASE ORDER#___ INSURANCE CLAIM YES___ NO___

OWNER/TENANT TO BE INVOICED YES___ NO___

AUTHORIZED SIGNATURE___

Completed by Superintendent [signature] by Contractor___

Date: ___ SIGNATURE: ___