

White 3309 ave 1206
scan to Pass

White 320 2

BLACK

1110

LEAK

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: CESAR REYES SUITE # 1206

DEVELOPMENT NAME: AMACON

ADDRESS: 3515 KARIYA DR, MISS. L5B 0C1

RES. TEL: (289) 232-3170 BUS. TEL: (416) 307-1260

CELL: _____ FAX: _____

DATE OF REQUEST: Feb 03/09

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. TO FIX LEAKING KITCHEN SINK UNDERNEATH
COULD NOT FIND LEAK

2. _____

3. _____

4. _____
