

Dank

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: 1223 DP1 R ALOKLA SUITE#

DEVELOPMENT NAME: _____

ADDRESS: 902

RES.TEL: 905 232 3377 BUS.TEL: _____

CELL: _____ FAX: _____

DATE OF REQUEST: _____

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:

- Dank ✓ 1. water inside from outside
in Bed Rooms.
- Dank ✓ 2. switches electrical don't
work in two Bed Rooms.
- Dank ✓ 3. one shelf in Kitchen
4. _____

[Signature]

blower 8-9 morning
off after 12 → --

site 902 we
scantopass

AMACON DEVELOPMENT

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2 HARBOUR STREET, TORONTO, ON M5J3B1

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

or (905) 832-4636

ATTENTION CUSTOMER CARE: 3515 KARIYA DR.

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

NAME: IZZIDDIN ALOKHA SUITE # 902

DEVELOPMENT NAME: _____ ADDRESS: _____

RES. TEL: 905 232 3377 BUS. TEL: _____ CELL: 647 302 3558

FAX: _____ EMAIL: _____

DATE OF REQUEST: _____

SERVICE REQUEST:

1. please repair EXHAUST BATH ROOM

2. please repair cabinet DOOR BATH ROOM

3. _____

4. _____

5. _____

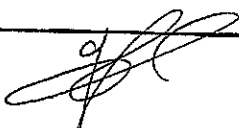
6. _____

7. _____

8. _____

9. _____

10. _____



22-6-2009

He will be at home to call

TEL NO. 905. 232. 3377

eve 902
scan to pass

AMACON DEVELOPMENT

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ATTENTION CUSTOMER CARE: 3515 KARIYA DR.

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

NAME: IZZIDDIN AL Ofla SUITE # 902

DEVELOPMENT NAME: _____ ADDRESS: _____

RES. TEL: 905-232-3377 BUS. TEL: _____ CELL: _____

FAX: _____ EMAIL: _____

DATE OF REQUEST: March, 30, 2009

SERVICE REQUEST:

1. No heat in suite.
2. I am home knock on door.
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____