

LIVE WELL™

## **AMACON CONSTRUCTION SERVICE REQUEST FORM**

	PLEASE	E FAX TO 416 369-9068
NAME: ALA	ibin Benjumin Xn	_ SUITE: 706
	756 3(0)	E-MAIL: Office Xu Roghall, 101
CELL: 4/	58589380	
DATE OF REQUEST: Det 7th		Permission to enter on scheduled date:
must be base of the PDI (F soon as a po If your conce	ed on the Tarion Warranty guideli Pre-Delivery Inspection). Your req ssible. If this is an <u>Emergency</u> plea	Representative, this form becomes property of Amacon. Your request ines - scratches, nicks, dents are not warrantable, unless noted at time uest will be reviewed and addressed by an Amacon Representative as use contact your concierge immediately at (289) 521-1313 - 24 / hours as Element Warranty Guidelines, please see Property Management to 9.
ITEM#	ROOM/LOCATION	DESCRIPTION
		Chipped:
SERVICE F	PERSON	<del>_</del>

DATE

HOMEOWNER SIGNATURE