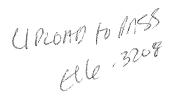


LIVE WELL



AMACON CONSTRUCTION SERVICE REQUEST FORM

PLEASE FAX TO 416 369-9068

NAME: Ragaa Chanhaibles	SUITE: 320 8
NAME: Ragaa Chauhaible TEL: (905) 339 2050	BUS. TEL:
CELL: (905) 580 5770	E-MAIL: Ragna 3 B hat mail . Com
DATE OF REQUEST: oct 30, 2010	Permission to enter on scheduled date:
must be based on the Tarion Warranty guidelin of the PDI (Pre-Delivery Inspection). Your requ soon as a possible. If this is an Emergency please	epresentative, this form becomes property of Amacon. Your request es - scratches, nicks, dents are not warrantable, unless noted at time est will be reviewed and addressed by an Amacon Representative as e contact your concierge immediately at (289) 521-1313 - 24 / hours . Element Warranty Guidelines, please see Property Management to
ITEM# ROOM/LOCATION	DESCRIPTION
1 Front door	There are marking; an the auticide Y. p
SERVICE PERSON HOMEOWNER SIGNATURE	