AMACON

IVE WELL

AMACON CONSTRUCTION SERVICE/REQUEST FORM PLEASE FAX TO 416 369-9068

							2	_	ITEM#	NAME: BOOY TEL: TEL: CELL: 647 9. CELL: 647 9. DATE OF REQUEST: Date received by an any and the policy of the PDI (Pre-Delivity soon as a possible. If it your concern falls address your concern
					0	2 bed rooms, living room could not	Kitchen /	kitchen /	ROOM/LOCATION /	NAME: Boong Min TEL: CELL: 647 987 /687 DATE OF REQUEST: Sep. 13, 20/0 DATE of Request: Sep. 13, 20/0 Date received by an Amacon Customer Care Remust be based on the Tarion Warranty guideling of the PDI (Pre-Delivery Inspection). Your requision as a possible. If this is an Emergency please f your concern falls under the Common Area E address your concerns or call at (289) 521-1199.
						Could not bocate outlet for the light suite	One of the halogen down light is out.	One shelf missing Left hand side storage	DESCRIPTION /	

13/20

HOMEOWNER SIGNATURE

DATE /

13

2010

SERVICE PERSON