



LIVE WELL

AMACON CONSTRUCTION SERVICE REQUEST FORM

PLEASE FAX TO 416 369-9068

NAME: Christina

SUITE: 209

TEL: 416-418-0240

BUS. TEL: _____

Cell: _____

e-mail: _____

Project: ELL

Address: 3525 Kariya

DATE OF REQUEST: Mar. 6 2012

Permission to enter:

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

From 9:00 am - 3:00 pm.

Once received by an Amacon Customer Care Representative, this form becomes property of Amacon. Your request must be based on the Taron Warranty guidelines - scratches, nicks, dents are not warrantable, unless noted at time of the PDI (Pre Delivery Inspection). Your request will be reviewed and addressed by an Amacon Representative as soon as a possible. If this is an **Emergency** please contact your concierge **immediately** at (289) 521 1313 - 24 / hours. If your concern falls under the Common Area Element Warranty Guidelines, please see Property Management to address your concerns or call at (289) 521-1199.

ITEM#	ROOM/LOCATION	DESCRIPTION
1	Bathroom	Lights are not working.

[Signature]
HOMEOWNER SIGNATURE

Mar. 6 2012.
DATE:

Within warranty Period