



LIVE WELL

AMACON CONSTRUCTION SERVICE REQUEST FORM

PLEASE FAX TO 416 369-9068

NAME: LAMROS ANDREPOULOS SUITE: 3002
TEL: 289-521-2383 BUS. TEL: _____
Cell: 416-897-7647 e-mail: _____
Project: ELLE Address: 3525 KARIYA DR.

DATE OF REQUEST: MARCH 2/12 Permission to enter: YES ☒ NO ☐

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	LIVING / DINING AREA	COLD AIR IS BLOWING OUT OF THE RETURN (Bottom) AS THE HEATER IS BLOWING HOT AIR ABOVE. PLEASE CHECK MASTER BEDROOM TO ENSURE ITS WORKING PROPERLY TOO. THANK YOU
	CONFIRMED BY	LOUIS - MORE INVESTIGATION REQ'D by AMACON

[Signature]
HOMEOWNER SIGNATURE

MARCH 1/12
DATE:

03/02/12.