lisi

NAME

TEL.

CEIL

Ugust 13,2010



405-406-1556.



AMACON CONSTRUCTION SERVICE REQUEST FORM

PLEASE FAX TO 416 369-9068

SUITE:

BUS. TEL

e-mail;

Project:		Address;	3525	KAKIKA	DRIVE	MISS.
DATE OF	REQUEST: 65/27	/)Z Permission	to enter:	YES	L S	B OCZ
Your requestances note an Amacon immediate	ved by an Amacon Customer Care st most be based on the Tarion V ed at time of the PDI (Pre Deliver Representative as soon as a poss ely at (289) 521 1313 - 24 / hour juidelines, please see Property M	Varranty guidelines - scrat y Inspection). Your reques sible. If this is an <u>Emergen</u> s. If your concern falls und	ches, nicks, di st will be revie cy please con der the Comm	ents are not warr wed and address tact your concier on Area Element	rantable, sed by ge	
ITEM#	ROOM/LOCATION	DESCRIPTION		~		
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*****	VAL-SINOM	_	5/2 3	1/12		