1151

Owner-occupied suite.

AMACON

NOV. 8. 11 Closed

AMACON CONSTRUCTION SERVICE REQUEST FORM

PLEASE FAX TO 416 369-9068

NAME MURALI SUITE: # 219

TEL 647-389-6399 BUS. TEL 3188

Cell 647-377-6031 e-mail: YASASWINI.I@GMAIL.COM

Project _____ Address: 3525 KARIYA Dr

DATE OF REQUEST: 15 JUNE 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 Tarion 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.	WATER LEAK (MAIN WASHROOM)	FROM BATH TUB TAP warranted.
2.	WASHROOM-2	WATER SUPPLY IS LOW Shower not enough pressure Since the begin.

J. Murali

HOMEOWNER SIGNATURE (OWNER)

15th JUNE 2012

DATE