

ATTN

ANORADE

AMACON SERVICE REQUEST FORM
PLEASE MAIL, FAX OR SUBMIT ON-LINE
AMACON CONSTRUCTION LTD. ATTENTION: CUSTOMER CARE

TEL: 416-369-9069 FAX: 416-369-9068

www.amacon.com

NAME: ALEX NOBLEDEVELOPMENT NAME: ELLE CONDOMINIUMADDRESS: 3525 KARIYA DR. #2806RES.TEL: 905-241-3398 BUS.TEL: 905-306-8544CELL: 416-200-3356 FAX: _____DATE OF REQUEST: JULY 4TH / 2012

A copy of your request form will be given to and reviewed by an Amacon Customer Care Representative. Your request and any follow up that may be required will be co-ordinated by one of our Customer Care Representatives to ensure that your concerns are addressed.

Service Request:

1. Fix bedroom window - handle
mechanism is broken
2. Please provide paint sample OR
Paint code & manufacturer
3. Please check weatherstripping at
bottom of balcony door - is torn
4. _____
