AMACON -

Form #C-32A-02

DEL® Property Management Inc.

RECEIVED
SEP 13 2012

RESIDENT REQUEST LOG FORM

BUILDING NAME: The Elle Condominium – P.S.C.C. 889

DATE OF REQUEST: sep 4 / 2012

RESIDENT'S NAME: Marwan Naoom SUITE NO.: 3003

TELEPHONE NUMBER: RES: _____ BUS: _____
CELL: 6479966156 FAX: _____

DETAILS OF REQUEST/ CONCERN: Bedroom Window Glass Broken from the Balcony

Closed Sept. 28, 2012

COMMENTS:

ACTION TAKEN BY:

Please check action party/parties – Manager ( ) Administrator ( ) Superintendent ( )

Permission is hereby granted to Management to enter my suite to carry out inspections and/or repairs.

MARWANN NAOOM
SIGNATURE

(Check one) OWNER ( ) TENANT ( ) of SUITE NUMBER ____

DATE COMPLETED: sep 4 / 2012 BY: MARWAN NAOOM

DATE RESIDENT NOTIFIED OF COMPLETION: _____ BY: _____

COPY TO BE PLACED IN RESIDENT'S FILE