

ACCESS AGREEMENT FOR SERVICE WORK

I\We, the Homeowner(s) of Suite 206, authorize AMACON CONSTRUCTION LTD and\or its authorized sub\contractors to enter my\our suite for the purpose of performing any service work requested by me\us in writing. Date of Access: _____ day of ______, 2012 Details Dated the _______day of _______, 2012 I\We understand that by not signing the above-noted access permission that this may impede the Vendors ability to make any necessary repairs in an expedient manner and that I\We can revoke or provide this authorization at any time by providing notice thereof via fax to (416) 369-9068 or (905) 232-4637 to the attention of Customer Care **INFORMATION UPDATE INFORMATION UPDATE** Name:

Home phone:

Work phone:

Cell phone:

Name:

Home phone:

Work phone:

Cell phone:



AMACON CONSTRUCTION CUSTOMER CARE REQUEST FORM

THE RESIDENCES AT PARKSIDE VILLAGE (TOWER 1) FAX: (905)-232-4637 & (416)-369-9068

NAME A	nnelle Macaro	SUITE	206
	H6-705-6763	BUS. TEL	
CELL _		EMAIL	amacaro@rogers.com
DATE OF REQUEST October 15, 2012		PERMISSION	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 (905) 232-6077- 24 / hours. If your concern falls under the Common Area Element Warranty Guidelines, please see Property Management to address your concerns or call at (905) 232-8855			
ITEM#	ROOM/LOCATION	DESCRIPTION	
l	Kitchen	dishwasher p	own is or but does
		not draw w	ater.
HOMEOWNER SIGNATURE			Oct 15, 2012