AMACON LIVE WELL

AMACON CONSTRUCTION

CUSTOMER CARE REQUEST FORM
THE RESIDENCES AT PARKSIDE VILLAGE (TOWER 1)

		FAX: (90	5)-2	32-4637 & (416)-36	69-9068
					-
NAME _	GURMA	KHEL	<u></u>	SUITE	2301
TEL				BUS. TEL	
CELL (416) 64	3051		EMAIL	gkhela@yahoo.com
DATE OF REC	QUEST 02	Dec 3	12	PERMISSION	YES NO YES NO
	ommon Area				res property of Amacon. Your request must variantable, unless noted at time of the PDI an Amacon Representative as soon as a (905) 232-6077- 24 / hours. If your concern erty Management to address your concerns
ITEM#	ROOM/LO	ATION		DESCRIPTION	500
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ı	Bath	DOM_		Crack on left	side Marble washbasis
1	Bath	com.		crack on left	side Marble washbasin
l	Bath	COM.		crack on left.	side Marble washbasin
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		DOM		Crack on left	Side Marble washbasin
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