

## **AMACON CONSTRUCTION CUSTOMER CARE REQUEST FORM**

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

NAME C	Calvin & Ng 547 3814546	SUITE BUS. TEL	3702
	47-2316685	BOS. TEL	Charis 0101 @gmail.com
DATE OF REQUEST		PERMISSIO	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	
/	LIVING ROOM	FURNACE H	ISSING SOUND, SCLUNK
	-	WHILE CHAN	VGING TEMPERATURE
		=	
		66	
HOMEOWNER SIGNATURE  Mar 3/13  DATE			

DATE