

AMACON SERVICE REQUEST FORM
PLEASE MAIL, FAX OR SUBMIT ON-LINE
AMACON CONSTRUCTION LTD. ATTENTION: CUSTOMER CARE
2 HARBOUR STREET, TORONTO, ON M5J 3B1
TEL: 416-369-9069 FAX: 416-369-9068
www.amacon.com

NAME: LEONCIO PINEA SUITE # 606

DEVELOPMENT NAME: _____

ADDRESS: 3515 Kariya Ave.

RES. TEL: 905-804-0696 BUS. TEL: 905-

CELL: 416-938-0800 FAX: _____

DATE OF REQUEST: FEB. 03, 2009

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:

Done ✓ 1. Flooring gap on ~~THRESH~~ THRESHOLD TO MASTER
Bed Room

Done ✓ 2. HANDLE OF REFRIGERATOR BROKEN

3. _____

4. _____