

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: John Machio SUITE # 505

DEVELOPMENT NAME: Amacon

ADDRESS: _____

RES.TEL: _____ BUS.TEL: _____

CELL: _____ FAX: _____

DATE OF REQUEST: _____

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:

- Down ✓ 1. Wind entering through the window and the walls.
- Down ✓ 2. The bathroom room stopper not there when we got our suit
- Down ✓ 3. Some of floor wood coming off.
4. _____
- _____
- _____

SUITE # 505 eve
Scan to Pass

AMACON DEVELOPMENT

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AMACON CONSTRUCTION LTD.

2 HARBOUR STREET, TORONTO, ON M5J3B1

TEL: 416-369-9069 FAX: 416-369-9068

ATTENTION CUSTOMER CARE: 3515 KARIYA DR.

TEL: 905-848-2069 FAX: 905-848-2827

NAME: JOHN MACHIO SUITE # 505

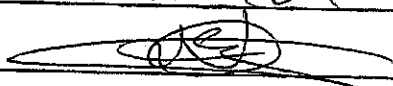
DEVELOPMENT NAME: Condom ADDRESS: 3515 Kariya dr.

RES.TEL: 289 232 636 BUS.TEL: _____ CELL: 416 877 2030

FAX: _____ EMAIL: walewote@yahoo.com

DATE OF REQUEST: 01/04/09

SERVICE REQUEST:

1. The wind which was coming
2. from the window has not been
3. repaired. There is still a lot wind
4. coming by the window from
5. a wall
6. You can come to my
7. suit I have given you
8. permission.
9. John
10. 

re call again DAVE Apr. 02/09
Mk

eye 505
scan to Pass

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2 HARBOUR STREET, TORONTO, ON M5J 3B1
TEL: 416-369-9069 FAX: 416-369-9068
www.amacon.com

NAME: John Machio

Suite # 505

DEVELOPMENT NAME: American

ADDRESS: _____

RES. TEL: _____

BUS. TEL: _____

CELL: 416 877 2030

FAX: _____

DATE OF REQUEST: _____

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Service Request:

Done 1. Wind coming through the window.

Done 2. Floor peels off.

3. Moulding coming out

4. Bed room door not locking.

Done Berth room tube not closing.

eve 505
scan to Pass
Rec'd on MAR 5th 09
@ 11:02AM

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TEL: 416-369-9069 FAX: 416-369-9068
www.amacon.com

NAME: NANCY KINQUA SUITE # 305

DEVELOPMENT NAME: _____

ADDRESS: 3515 KARIYA DR.

RES.TEL: 416-232-6361 BUS.TEL: _____

CELL: _____ FAX: _____

DATE OF REQUEST: MAR 05th 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:

- Dan*
1. I need a bath-tub COKE OR bath-tub stopper
there was none when we moved in and
 2. It has been very difficult to take a bath.
Thank you
 3. _____
 4. _____

→ I authorize suite access
John Machio