

RECEIVED MAY 24/09
S/O CW

AMACON DEVELOPMENT

AMACON SERVICE REQUEST FORM

PLEASE MAIL, FAX OR SUBMIT ON-LINE

AMACON CONSTRUCTION LTD.

2 HARBOUR STREET, TORONTO, ON M5J3B1

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

OR (905) 832-4636

ATTENTION CUSTOMER CARE: 3515 KARIYA DR.

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

NAME: CHRISTOPHER PARINA SUITE # 802

DEVELOPMENT NAME: Eve Condo ADDRESS: _____

RES. TEL: 905 824 0290 BUS. TEL: _____ CELL: 647 405 0290

FAX: _____ EMAIL: _____

DATE OF REQUEST: 24 May 2009 - follow-up

SERVICE REQUEST:

1. Bedroom Washroom door ~~stopper~~
2. to be installed.

3. _____
4. Kindly coordinate the tenant.

5. Please call before to come in - TARIQ (647) 838 9070

6. _____

7. _____

8. _____

9. _____

10. _____

May 25/09 J. [Signature]

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ATTENTION CUSTOMER CARE: 3515 KARIYA DR.

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

NAME: TARIQ KHAN SUITE # 802

DEVELOPMENT NAME: AMACON ADDRESS: 3515 KARIYA DRIVE

RES. TEL: (905) 232-3302 BUS. TEL: — CELL: (647) 838-9070

FAX: — EMAIL: TK.TARIQKHAN@YAHOO.CA

DATE OF REQUEST: JUNE 02, 2009

SERVICE REQUEST:

- ✓ 1. WASHROOMS' DOOR LOCKS NOT WORKING.
- ✓ 2. Washroom Tub's Soap Holder fell off by itself
- ✓ 3. Living room Ceiling light switch not working
4. the light cannot be turned off by
5. any switch but the circuit breaker.
6. —
7. June 04/2009 ✓ Dahl
8. —
9. —
10. I authorize the Amacon Technicians to
enter into my Suite

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ATTENTION CUSTOMER CARE: 3515 KARIYA DR.

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

NAME:

TARIA KIMM

SUITE #

802

DEVELOPMENT NAME:

Amalon

ADDRESS:

3515 Kariya Drive

RES.TEL:

905-232-3302

BUS.TEL:

CELL:

647-838-9070

FAX:

EMAIL:

DATE OF REQUEST:

15-07-09

SERVICE REQUEST:

1. The cabinet under my kitchen sink is
2. broken the screws came out on its
3. own

Done

July 17/2009

I authorize suite access

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ATTENTION CUSTOMER CARE: 3515 KARIYA DR.

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

NAME: CHRISTOPHER PARINA SUITE # 802

DEVELOPMENT NAME: _____ ADDRESS: _____

RES. TEL: 905 8240290 BUS. TEL: _____ CELL: _____

FAX: _____ EMAIL: _____

DATE OF REQUEST: 10 May 2009

SERVICE REQUEST:

1. PROVIDE DOOR STOPPER @ Bedroom 1
2. and Washroom

3. _____

4. _____

5. Authorize to enter

6. the unit.

7. Thanks

8. _____

9. _____

10. _____

ave 802
scan to Pass

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2 HARBOUR STREET, TORONTO, ON M5J3B1

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

or (905) 832-4636

ATTENTION CUSTOMER CARE: 3515 KARIYA DR.

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

NAME: CHRIS PARINA

SUITE #

802

DEVELOPMENT NAME:

ADDRESS:

RES. TEL:

905 8240290

BUS. TEL:

CELL:

647 4050290

FAX:

EMAIL:

DATE OF REQUEST:

9 May 2009

second request submitted

SERVICE REQUEST:

1. No screw - on the glass panel of
2. balcony facing North * this is a
3. safety issue, urgent repair needed
4. THANKS

5. _____

6. Authorize to enter our unit.

7. _____

8. _____

9. _____

10. _____