

LIVE WELL"

AMACON CONSTRUCTION SERVICE REQUEST FORM

PLEASE FAX TO 416 369-9068

	PLEASI	F FAX 10 410 303-3008			
NAME:	AVE RAMSAPAN	_ SUITE: 305			
TEL: (416) 936-5131 OELL: DATE OF REQUEST:		BUS. TEL:			
			must be base of the PDI (F soon as a pos If your conce	ed on the Tarion Warranty guideli Pre-Delivery Inspection). Your req ssible. If this is an <u>Emergency</u> plea	Representative, this form becomes property of Amacon. Your requestines - scratches, nicks, dents are not warrantable, unless noted at time uest will be reviewed and addressed by an Amacon Representative as use contact your concierge immediately at (289) 521-1313 - 24 / hours a Element Warranty Guidelines, please see Property Management to 9.
			ITEM#	ROOM/LOCATION	DESCRIPTION
	LAUNDRY ROOM	DRYER DOESN'T POWER ON			
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	3.				
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SERVICE F	PERSON				
HOMEOWNER SIGNATURE		SEPT 23 /10			
HOMEOWNER SÍGNATÚRE		DATE			