AMACON

LIVE WELL

AMACON CONSTRUCTION SERVICE REQUEST FORM

PLEASE FAX TO 416 369-9068

SAMANTHA DEM	<u>65</u> 5.	SUITE: +02.
	<u></u>	BUS. TEL:
647 289 29		E-MAIL:
		Permission to enter on scheduled date:
sed on the Tarion Warranty guic (Pre-Delivery Inspection). Your r ossible. If this is an <u>Emergency</u> p cern falls under the Common A	delines - scrato request will be lease contact v rea Element V	tive, this form becomes property of Amacon. Your request hes, nicks, dents are not warrantable, unless noted at time reviewed and addressed by an Amacon Representative as your concierge immediately at (289) 521-1313 - 24 / hours Varranty Guidelines, please see Property Management to
ROOM/LOCATION	DESCI	RIPTION
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DATE

HOMEOWNER SIGNATURE