

## LIVE WELL\*

## **AMACON CONSTRUCTION SERVICE REQUEST FORM**

PLEASE FAX TO 416 369-9068

| NAME:  | MAR ANGO  | SUITE: 25   |  |
|--|---|---|--|
| TEL:   | 465571  | BUS. TEL:   |  |
| CELL: <u>Ã</u> O   |   | E-MAIL:   |  |
| DATE OF RE   | QUEST: AMO 27 (Lolo   | Permission to enter YES NO on scheduled date:   | ;  |
| must be base<br>of the PDI (P<br>soon as a pos<br>f your conce | d on the Tarion Warranty guide<br>re-Delivery Inspection). Your re<br>sible. If this is an <b>Emergency</b> ple | e Representative, this form becomes property of Amaco<br>elines - scratches, nicks, dents are not warrantable, unle<br>equest will be reviewed and addressed by an Amacon R<br>ease contact your concierge <u>immediately</u> at (289) 521-1<br>ea Element Warranty Guidelines, please see Property<br>199. | ss noted at tim<br>epresentative a<br>313 - <b>24 / hour</b> s |
| ITEM#  | ROOM/LOCATION   | DESCRIPTION   |  |
|  | 221948 21 <u>1</u> 23   | WETCHEN RUMATTATE   |  |
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HOMEOWNER SIGNATURE