

LIVE WELL"

AMACON CONSTRUCTION SERVICE REQUEST FORM PLEASE FAX TO 416 369-9068

NAMF:	reeti S	SUITE ACTO	
		SUITE: 1512	
/ CL	1 5:0 50:0/111 00	BUS, IEL:	
CELL: 41	6-508-5377/644-92	2-1448 E-MAIL: propra1@gmail. com	
DATE OF REQUEST: 5/10/2010		BUS. TEL: 2-1448 E-MAIL: Prapra1@gmouil. Com Permission to enter on scheduled date:	
of the PDI soon as a p If your con	sed on the Tarion Warranty guideline (Pre-Delivery Inspection). Your reque ossible. If this is an Emergency please	presentative, this form becomes property of Amacon. Your requestes - scratches, nicks, dents are not warrantable, unless noted at time est will be reviewed and addressed by an Amacon Representative as contact your concierge immediately at (289) 521-1313 - 24 / hours lement Warranty Guidelines, please see Property Management to	
ITEM#	ROOM/LOCATION	DESCRIPTION	
	Beelroom - sliding door	There is a croset in the mirror	
	mirror.	of was to be replaced.	
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SERVICE	PERSON		
Porcet		5/10/2010.	
HOMEOWNER SIGNATURE		DATÉ '	