

A M A C O N

L I V E W E L L TM

AMACON CONSTRUCTION SERVICE REQUEST FORM

PLEASE FAX TO 416 369-9068

file-320

NAME: Nesreen Naser

SUITE: 3204

TEL: 289-232-4497

BUS. TEL: _____

CELL: 647-966-0655

E-MAIL: _____

DATE OF REQUEST: 23/11/2010

Permission to enter
on scheduled date:

YES	NO
X	

Once received by an Amacon Customer Care Representative, this form becomes property of Amacon. Your request must be based on the Tarion Warranty guidelines - scratches, nicks, dents are not warrantable, unless noted at time of the PDI (Pre-Delivery Inspection). Your request will be reviewed and addressed by an Amacon Representative as soon as a possible. If this is an **Emergency** please contact your concierge **immediately** at (289) 521-1313 - **24 / hours**. If your concern falls under the Common Area Element Warranty Guidelines, please see Property Management to address your concerns or call at (289) 521-1199.

ITEM#	ROOM/LOCATION	DESCRIPTION
1/ Fan ventilator	Master-Bath room	noisy (very loud)
2/ all over the appartement		There is very loud noise
		(noise of machine working)
		all over the day and night
		and more loud in the
		master bed room

SERVICE PERSON _____

HOMEOWNER SIGNATURE _____

DATE

23/11/2010