

LIVE WELL™

AMACON CONSTRUCTION SERVICE REQUEST FORM

PLEASE FAX TO 416 369-9068						elle .ca
NAME:	onethe San	wels	SUI	TE: 60	G	
TEL:	0-985-9309		BUS	. TEL:	105-796-00	040 Est 73
CELL:	15-565-12	23_	E-M	AIL:	nettaSa	m@ycho.co
DATE OF RE	QUEST: NOU	23	Perr on s	nission to ente cheduled date	YES NO	
must be base of the PDI (F soon as a pos If your conce address your	ed by an Amacon Custoned on the Tarion Warran Pre-Delivery Inspection) ssible. If this is an Emer s ern falls under the Com concerns or call at (289	nty guideline . Your reque gency please Imon Area E	es - scratches, ni est will be reviev contact your co	cks, dents are ved and addr ncierge <u>imm</u> e	e not warrantable essed by an Ama <u>ediately</u> at (289)	e, unless noted at time con Representative as 521-1313 - 24 / hours .
ITEM#	ROOM/LOCATI	ON	DESCRIPTION	NC		
	Door not	Locking	Main	clone-	uncible -	to lock.
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SERVICE	PERSON			N	OV-23/2	010

DATE