

AMACON

LIVE WELL

AMACON CONSTRUCTION SERVICE REQUEST FORM

PLEASE FAX TO 416 369-9068

NAME: BERNARD JAMES SUITE: 103
 TEL: 647-885-0610 BUS. TEL: _____
 Cell: _____ e-mail: _____
 Project: _____ Address: _____

DATE OF REQUEST: 24th May 2011 Permission to enter:

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 (905) 232-2631 - 24 / hours. If your concern falls under the Common Area Element Warranty Guidelines, please see Property Management to address your concerns or call at (905) 232-2374.

ITEM#	ROOM/LOCATION	DESCRIPTION
1)	The Second Bedroom	Lock of the window from outside is broken

[Signature]
 HOMEOWNER SIGNATURE

24th May 2011
 DATE:

26/may/01

unit 103

~~get~~

Window shutter ^{swing} opener.
is stopping when shutting.
needs attention.

John
Super.