AMACON

LIVE WELL™

AMACON CONSTRUCTION SERVICE REQUEST FORM

PLEASE FAX TO 416 369-9068

NAME: Mathew Thacker

SUITE: 207

TEL: 905 848 1696

BUS. TEL: _____

CELL: _____

E-MAIL: _____

DATE OF REQUEST: 13/09/2010

Permission to enter on scheduled date: YES [ ] NO [ ]

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
	207	Air Condition in my Plat is not Working Last 2 days.

SERVICE PERSON

HOMEOWNER SIGNATURE

13/09/2010

DATE

AMACON

LIVE WELL

Warranty Services
Work Order
Phone: (905) 232-4636 Fax:(905) 232-4637

PDI

Location	**Elle - Tower: Elle - Unit: 207** **5694 Oldcastle Cres. Mississauga**
Closing Date	0000
Date	17Jul10
Contact Name(s)	John Mathew and Sam Mathew
Contact Telephone#	**Res:** (905) 567-6634
Company:	Metro Carpentry
Attention:	
Telephone:	
Fax:	9 (05-) 738--425
From:	Warranty Services Department - Head Office

Please complete the following items:

Deficiency Number	Issue		Appointment Date/Time	Notes
18686 ✓	LAUNDRY CLOSET- DOORS-swing right door squeeky			done

Date Completed:

AUG 5/10

Amacon Customer Care Signature:

Please schedule your Service Department to complete work on the above Unit. Should no appointment time or date appear (below) on this form, it is your responsibility to arrange and adhere to the appointment you have scheduled. Your service representative **must have** this form signed by homeowner on completion. Please fax the signed form to our office (905) 8-i8-2827.

Failure to comply with this request will give Amacon Developments (and it's group of companies) the right to carry out any and all repairs. All costs incurred will be applied to the Company listed above.

Back - Forms Menu

ID# 18686 Elle Ph Elle Lot 207

Mail

Completed

AMACON SERVICE REQUEST FORM

PLEASE MAIL, FAX OR SUBMIT ON-LINE

AMACON CONSTRUCTION LTD. ATTENTION: CUSTOMER CARE
37 BAY STREET, SUITE 400 (4TH FLOOR), TORONTO, ON M5J 3B2
TEL: 416-369-9069 FAX: 416-369-9068
www.amacon.com

NAME: ELIZABETH PAUL

DEVELOPMENT NAME: _____

ADDRESS: Appt 207

RES.TEL: 905-848-1696 BUS.TEL: 4168560760

CELL: _____ FAX: _____

DATE OF REQUEST: 11-8-2010

A copy of your request form will be given to and reviewed by an Amacon Customer Care Representative. Your request and any follow up that may be required will be co-ordinated by one of our Customer Care Representatives to ensure that your concerns are addressed.

Service Request:

1. Door handle in laundry room is loose. Door sliding is rough.
2. UPDATE: APPT AUG 12, 2010 - ANY TIME
3. _____
4. _____

Elle 207

PDI

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Back - Forms Menu

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