



PLEASE FAX TO 416 369-9068

DATE OF REQUEST: 13/09/2016

ON YES

207

Once received by an Amazon Customer Care Representative, this form becomes property of Amazon. Your request must be based on the Taron 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 Amazon Representative as soon as 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.

address your concerns or call at (289) 521-1199.

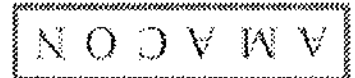
[illegible]

SERVICE PERSON

HOMEOOWNER SIGNATURE

DATE _____

13	09/10/10
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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
Metro Carpentry
Company: Attention: Telephone: Fax: From: Warranty Services Department - Head Office

Please complete the following items:			
Defect Number	Issue	Appointment	Date/Time
18686	LAUNDRY CLOSET- DOORS-swing		
	right door squeaky		

Amaccon Customer Care Signature:

Date Completed: 8/6/10

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) 848-2827.
Failure to comply with this request will give Amaccon 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.

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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: APT-201

RES.TEL: 905-848-1696 BUS.TEL: 416-856-0760

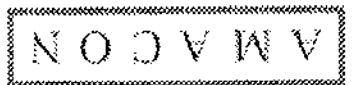
CELL: _____ FAX: _____

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. Down handle in laundry room is loose.
2. Down sliding is rough.
3. Upfront: APT AUG 13, 2010 - RAY TITIG
- 4.



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

Handwritten: PDI, 207, 207

Location	Elle - Tower: Elle - Unit: 207
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
18686	LAUNDRY CLOSET- DOORS-Swing		
	right door squeaky		

Date Completed: 7/10/10
Amaccon 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) 848-2827.

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