



LIVE WELL

AMACON CONSTRUCTION SERVICE REQUEST FORM

PLEASE FAX TO 416 369-9068

NAME: Miller Markus

SUITE: 2111

TEL: 416-476-3828

BUS. TEL: _____

Cell: ✓

e-mail: _____

Project: Kitchen sink

Address: 3525 KARIYA

ELLE

DATE OF REQUEST: 28.01.2012 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 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 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	Kitchen	kitchen sink leaking pipe underneath sink U-pipe

[Signature]
HOMEOWNER SIGNATURE

28.01.2012
DATE:

could be done 26th Jan. 1 am with house