QUALITY RUGS OF CANADA LIMITED REPAIR ORDER

BUILDER:

AMACON

JOB SITE:

ELLE

COMPLAINT DATE 07/22/10

LOT:

511

INSTALLER:

T.B.F

INSTALL DATE:

03/30/10

LAST NAME:

NAVAS / PANNARALE

OWNER'S

HOME PHONE:

FIRST NAME:

CATHERINE / MASSIMO

OWNER'S BUS.

CIVIC ADD 1:

43 BLUE DIAMOND TERRACE

PHONE

CIVIC ADD 2:

TORONTO

REPAIR

SITE CONTACT:

GRAHAM 4,232,4636

TIME:

REPAIRMAN

TBF

REPAIR TYPE:

DEFICIENCY

REFERENCE

19185

REP SCHEDULED

REP DETAILS:

GAPS ON CARPET AND BASEBOARD IN GUEST BED.

INSTALLER'S SIGNATURE

SUPER'S/OWNER'S SIGNATURE

NOTE*** Please have this memo signed by the owner or site super upon completion and forward it to Quality's Head Office. Repairs must be completed within 3 working days of receipt of this repair order.

Paycheques!!! may be held if work is not completed within the required time.

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LIVE WELL"

AMACON CONSTRUCTION SERVICE REQUEST FORM

PLEASE FAX TO 416 369-9068 NAME: TRMA PETALLANA
TEL: 4166621636.
CELL: SUITE: 51 BUS. TEL: E-MAIL: DATE OF REQUEST: Sept- 12, 1010 Permission to enter on spheduled date: 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 feviewed and addressed by an Amacon Representative as soon as a possible. If this is an Emergency please contact/our 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. **ROOM/LOCATION** DESCRIPTION ITEM# not working. SERVICE PERSON



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: MASSINO PANNARAE
DEVELOPMENT NAME: AMACON
ADDRESS: 3525 KARIYA DA. Suibe 811
RES.TEL: 416 704 7215 BUS.TEL:
CELL: FAX:
DATE OF REQUEST: 12/10/2019
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: ENTANCE) 1. DOOR NOTED TO BE MANTED (FRONT DOOR)
1. DOOR NEED TO BE PAINTED (FRONT DOWN)
ME AUTHORIZED) (D. M.)
2.
3.
4