

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: BRUNA IERULLO & Suite # 608

DEVELOPMENT NAME: Elle

ADDRESS: 3525 Kariya Drive

RES.TEL: 289-521-0237 BUS.TEL: _____

CELL: (416) 888-1789 FAX: _____

DATE OF REQUEST: Aug. 17, 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: door

1. Bathroom in master bedroom does
not shut properly. Am

2. _____

3. _____

4. _____

Access authorized