



LIVE WELL

AMACON CONSTRUCTION SERVICE REQUEST FORM

PLEASE FAX TO 416 369-9068

NAME: Yonette Samuels

SUITE: 609

TEL: 905-565-1223

BUS. TEL 905-796-0040 Ext. 7317

Cell: 416-985-9309

e-mail: YonettaSam@yahoo.ca

Project: _____

Address: 3525 Kariya

DATE OF REQUEST: April 20, 2011

Permission to enter:

YES <input checked="" type="checkbox"/>	NO <input checked="" type="checkbox"/>
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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 (905) 232-2631 - 24 / hours. If your concern falls under the Common Area Element Warranty Guidelines, please see Property Management to address your concerns or call at (905) 232-2374.

ITEM#	ROOM/LOCATION	DESCRIPTION
1	Kitchen, bedrooms, & living room	Some Outlets not working


HOMEOWNER SIGNATURE

April 20, 2011
DATE:

Amacon
Faxed
April 21/11

* Please call 647-921-8716 Mohammed when
Anika is in the office

RECEIVED
APR 20 2011
WPCorbo Pass
Scotto Munk
04/20/2011
Advised PM
Homeowner
04/20/2011

Call First * 647-921-8716

Check the
fuses,
light switch
control
living room



LIVE WELL

Warranty Services Work Order

Phone: (905) 232-4636 Fax: (905) 232-4637

UPLOADED to
PASS
616-609

Location	<u>Elle - Tower: Elle - Unit: 609</u>
Closing Date	<u>6861 Early Settler Row Mississauga</u>
Date	<u>0000</u>
Contact Name(s)	<u>11May11</u>
Contact Telephone#	<u>Yonette Samuels</u>
Company:	<u>Res: (905) 565-1223 Bus: (905) 796-0040</u>
Attention:	<u>DECC Electric</u>
Telephone:	
Fax:	<u>(905) 669-8238</u>
From:	<u>Warranty Services Department - Head Office</u>

Please complete the following items:					
Deficiency Number	Issue		Repair Deadline	Appointment Date/Time	Notes
25323	Living Room- no power in living room and Gfi in kitchen not working		02May11		

Date Completed:

MAY 10 / 11

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) 848-2827.

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.

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ID# 25323 Elle Ph Elle Lot 609