



Received
Feb 07 / 2012
From PM
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AMACON CONSTRUCTION SERVICE REQUEST FORM

PLEASE FAX TO 416 369-9068

NAME: Walid Elrefai SUITE: 2208
TEL: 62 289 521 1306 BUS. TEL: _____
Cell: 647 927 6858 e-mail: _____
Project: WINDOW/BEDROOM Address: 3525 Kariya
Elle
DATE OF REQUEST: 16 / 1 / 12 Permission to enter:

YES	NO
	<input checked="" type="checkbox"/>

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 (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	Window Main Bedroom	WINDOW CRACK UNABLE TO LOCK WINDOW


HOMEOWNER SIGNATURE

16 / 1 / 12
DATE: