



LIVE WELL

## AMACON CONSTRUCTION SERVICE REQUEST FORM

PLEASE FAX TO 416 369-9068

NAME Azania Thompson

SUITE: 1707

TEL. 647 260 0067

BUS. TEL. \_\_\_\_\_

Cell: \_\_\_\_\_

e-mail: \_\_\_\_\_

Project: \_\_\_\_\_

Address: \_\_\_\_\_

DATE OF REQUEST: \_\_\_\_\_ 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 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
<u>1</u>	<u>Window Broken</u>	<u>Mechanism for window is broken</u>

HOMEOWNER SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_