



LIVE WELL

AMACON CONSTRUCTION SERVICE REQUEST FORM

PLEASE FAX TO 416 369-9068

NAME MURALI SUITE: #219
TEL: 647-389-6399 BUS. TEL: 3188
Cell: 647-377-6031 e-mail: MURALIDHAR.IMD@GMAIL.COM
Project: _____ Address: #219, 3525 KARIYATI
MISS

DATE OF REQUEST: 11 JUNE 2012 Permission to enter:

| YES | NO |
|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input 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 |
|-------|---------------|--------------------|
| 01. | LEFT BED ROOM | AC FAN NOT WORKING |
| | | |
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| | | |
| | | |
| | | |

[Signature]
HOMEOWNER SIGNATURE

11 JUNE 2012
DATE: