

AMACON

LIVE WELL

cc: cersai@sympatico.ca

AMACON CONSTRUCTION SERVICE REQUEST FORM

PLEASE FAX TO 416 369-9068

NAME: CYNTHIA CLESAINT

SUITE: 208

TEL: (905) 615-1562

BUS. TEL: 416-520-0686

Cell: _____

e-mail: _____

Project: ELLE

Address: _____

DATE OF REQUEST: JULY 22, 2011 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.

AC Complete July 23/11

| ITEM# | ROOM/LOCATION | DESCRIPTION |
|-------|---|--|
| 1 | LIVING ROOM | AC NO POWER - WORKS... |
| 2 | LIVING ROOM OUTLET CLOSEST TO 2ND BEDROOM DOOR | TOP PLUG OF POWER OUTLET DOES NOT WORK |
| 3 | TUB/BATHROOM | DRAIN NOT WORKING PROPERLY - WORKS. |
| 4 | KITCHEN | THE LIGHT DOES NOT WORK |
| | | |
| | | |
| | | |
| | | |
| | | |

ALCON

Bulb to check by owner

[Signature]
HOMEOWNER SIGNATURE

JULY 22, 2011
DATE:

Faxed to Amacon July 22/11