

Tuesday, July 03, 2012

Yasaswini Ikkurthi  
3525 Kariya Drive #219  
Mississauga, On L5B 0C2

**RE: Completed Items on your Service Request Elle #219**

---

Dear Yasaswini Ikkurthi,

Your satisfaction with your new home is important to us. Our records indicate that your **Service Request** has been completed. Amacon would like your confirmation of the above mentioned completion. A copy of that list is attached. Please review it and confirm that all item(s) listed have been resolved.

If you believe that Amacon has overlooked any listed deficiency from the original **Service Request** please note the number of the item(s) in the space below. If all item(s) have been resolved, simply sign the acknowledgement.

It is Mandatory that this form be returned either by mail, fax, or email ([customercareto@amacon.com](mailto:customercareto@amacon.com)) by: **July 11<sup>th</sup> 2012.**

Your feedback about our service or your new home helps us improve our business.  
Please let us hear from you.

Sincerely,

Amacon Customer Care

- ☐ All homeowner's **Service Request** items have been resolved.
- ☐ The following **Service Request** items still need attention (you need only list the item number.)
- \_\_\_\_\_

**Comments**

---

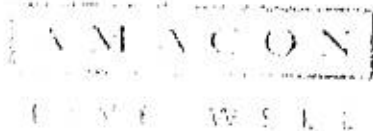
---

---

---

\_\_\_\_\_  
**Homeowner**

\_\_\_\_\_  
**Date**



## 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.IND@COMAIL.COM  
Project \_\_\_\_\_ Address #219, 3525 KARRIYAN  
MIS

DATE OF REQUEST: 11 JUNE 2012 Permission to enter

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

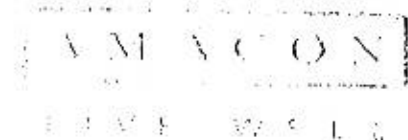
Once received by an Amacon Customer Care Representative, this form becomes property of Amacon. Your request must be based on the Taron Warranty guidelines - scratches, nicks, dents are not warrantable, unless noted at time of the PDI (Pre-Delivery Inspection). Your request will be reviewed and addressed 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

[Signature]  
HOMEOWNER SIGNATURE

11 JUNE 2012  
DATE:

1151

Owner-occupied  
suite.NOV 8 11  
Closed

## 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: YASASWINI.I@GMAIL.COM  
 Project \_\_\_\_\_ Address: 3525 KARIYA DR

DATE OF REQUEST: 15 JUNE 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 possible. If this is an **Emergency** please contact your concierge immediately at (289) 521-1111 - 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.	WATER LEAK FROM BATH TUB TAP (MAIN WASH ROOM)	
2.	WASH ROOM-2	WATER SUPPLY IS LOW Shower not enough pressure Since the begining

warranted

Property  
management

M. Murali  
 HOMEOWNER SIGNATURE  
 (OWNER)

15th JUNE 2012  
 DATE