



AMACON CONSTRUCTION CUSTOMER CARE REQUEST FORM

THE RESIDENCES AT PARKSIDE VILLAGE (TOWER 1) FAX: (905)-232-4637 & (416)-369-9068

NAME	Switina		SUITE	1702	8
TEL _			BUS. TEL) b
CELL _			EMAIL		
DATE OF REC	QUEST RISTLUME 2	013	PERMISSION	TO ENTER	YES NO
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 (905) 232-6077- 24 / hours. If your concern falls under the Common Area Element Warranty Guidelines, please see Property Management to address your concerns or call at (905) 232-8855					
ITEM#	ROOM/LOCATION	DESCRI	PTION		
	1702	ACE	_ is n	ut con	gline
		0	Urgen	x)	
		AIR	CONT	DITION)
		_			
	*				
Guthure HOMEOWNER	CIONATUDE			DATE	