

AMACON CONSTRUCTION CUSTOMER CARE REQUEST FORM

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

TEJINDER SINGH SUITE 2408

NAME

TEL _	647 390 0147	BUS. TEL 647 390 0197
CELL _		EMAIL
Once received b be based on the (Pre-Delivery Inspossible, If this is	Tarion Warranty guidelines - scratch spection). Your request will be revi s an Emergency please contact your common Area Element Warranty Gui	PERMISSION TO ENTER YES NO Sentative, this form becomes property of Amacon. Your request must nes, nicks, dents are not warrantable, unless noted at time of the PDI ewed and addressed by an Amacon Representative as soon as a concierge immediately at (905) 232-6077- 24 / hours. If your concern delines, please see Property Management to address your concerns
ITEM#	ROOM/LOCATION	DESCRIPTION
1	WHOLE UNIT	PLEASE CHECK HEAT SYSTEM
2	DOOR OF BALLONY	SCRATCHE ON THE BOTTOM
3	LINING ROOM	SCRATCHE ON THE BOTTOM
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