

## **Customer Service Request Form**

\*Please fill out ALL contact information in full\*

| Name:                                                                                                                                                                                                                                                                                                                                                                                                                     | Date:                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| Suite No.:                                                                                                                                                                                                                                                                                                                                                                                                                | Strata Lot:                    |
| Home or                                                                                                                                                                                                                                                                                                                                                                                                                   | Business Number:               |
| Email Address:                                                                                                                                                                                                                                                                                                                                                                                                            |                                |
| Fax Number:                                                                                                                                                                                                                                                                                                                                                                                                               |                                |
| Suite is: $\square$ Owner Occupied $\square$                                                                                                                                                                                                                                                                                                                                                                              | Tenant Occupied ☐ Not Occupied |
| Permission to enter Contact Phone Number:                                                                                                                                                                                                                                                                                                                                                                                 |                                |
| Tenant Name and Contact Phone Number:                                                                                                                                                                                                                                                                                                                                                                                     |                                |
| Service Requests:  Please provide a <u>clearly written and precise description</u> of your request. The Customer Care Centre will forward all repair requests to our Construction Department who will contact you to schedule an appointment.  **Please note that we can only accept service requests from the <u>Owner of the suite</u> .  Tenants - please submit all Customer Service enquiries through your Landlord* |                                |
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## **CUSTOMER CARE CENTRE**

To process, please Fax, Email or Mail to:

Fax: (604) 899-9183

Email: customercare@concordpacific.com

Mail To: ATTN: CONCORD OMEGA PROJECT LIMITED PARTNERSHIP

9<sup>th</sup>Floor – 1095 West Pender, Vancouver, B.C. V6E 2M6