CUSTOMER SERVICE REQUEST FORM

Please fill out ALL contact information in full

Name: _____ Date: _____

Suite No.: _____ Strata Lot: _____

Home/Cell #: _____ Business Number: _____

Suite is: ____Owner Occupied _____ Tenant Occupied _____ Not Occupied

Permission to ender Contact Phone Number: _____

Email Address: _____

Service Requests:

Please provide a *clearly written and precise description* of your request. Customer Care 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 request from the Owner of the Suite.
Tenants – please submit all customer Service enquiries through your Landlord*

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To process please fax to
RICHARDS CUSTOMER CARE – 604-684-1125 or email this form to customer.care@aquilini.com
THANK YOU