## NAY A



Zancor Homes (Cookstown) Ltd.

**Warranty Services** 

Fax: (905) 738-5948 Phone: (905) 738-7010

Work Order

Address: Closing Date: 01Nov19 16 Mumberson St.

Location: Today's Date: Cookstown - Phase: 1 - Lot: 12

Contact(s): Vincenzo Tucci - Cell: (647) 880-0211 Lidia Tucci -07Apr21

Email: vince.tucci13@gmail.com

Zancor-Cookstown Service

Company.
Attention:

Fax Telephone:

Please Complete the following items:

143347 Interval Basement- General- STAIRS-REPAIR WALL AND PAINT TRIM DUE TO STAIR REPAIR	DAI Type Issue Appt. Date/
/ay21	Appt. Date/Time
Arrival 11am-1pm	Notes

Date Completed: YMay 4, 2020

Date Completed: MAY

Homeowner Signature:

has been completed in a workman like manner. The Homeowner acknowledges and accepts all work

Trade &/or Service Teets

Signature:

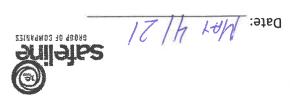
Print Name:

OUME

appointment time or date appear (below) on this form, it is your responsibility to arrange and adhere to the appointment you have scheduled. Your service representative must have this form signed by homeowner on completion. Please fax the signed form to our office (905) 833-4367. Please schedule your Service Department to complete work on the above Lot. Should no

Failure to comply with this request within 10 business days will give Zancor Homes (and it's group of companies) the right to carry out any and all repairs. All costs incurred will be applied to the Company listed above.

## Covid-19 Assessment Form



Company: \_\_\_Zancor Homes\_

Service Technician:

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		been potentially exposed to the COVID-19 Virus?	within the past 7 days? If yes, please elaborate	o solistico of Canada within the past 14 days days days days days days days days	case of the days?	
	sətoN	Do you have any other reason to believe that you may have	Do you have or have you exhibited any Cold or Flu like symptoms	Have you travelled or been in contact with someone who travelled	Have you been in contact with toerson who serson who leintiel bearinged barringed barr	Homeowner Names (everyone present at time of appointment)