



Zancor North Inc.
Warranty Services
Phone: (905) 738-7010
Fax: (905) 738-5948

Work Order

MAN
2014 12/21
8-12

Closing Date: 01Jun21
Address: 25 Bianca Cres
Wasaga Beach, Ontario
Location: The Village of Trillium Forest - Phase: 3 - Lot: Block 140 Unit 1
Today's Date: 07Jul21
Contact(s): Jennifer, A Cunningham - Home: (416) 319-4548
Email: jcunningham419@gmail.com



Company: Icon Plumbing & Heating
Attention:
Telephone: (647) 526-0027
Fax:

Please Complete the following items:

DAI	Type	Issue		Appt. Date/Time	Notes
144952	Interval	Main Bathroom- General- main bathroom sink required. Please schedule this as soon as possible			

Date Completed: _____

Homeowner Signature: _____

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

Date Completed: _____

Trade &/or Service Tech.

Signature: Ryan F 2014 12/21

Print Name: _____

Please schedule your Service Department to complete work on the above Lot. Should no 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.

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.



Zancor North Inc.
Warranty Services
Phone: (905) 738-7010
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Work Order

Mon
Jul 12/21

Closing Date: 29Apr21
Address: 43 Bianca Cres
Wasaga Beach, ONTARIO
Location: The Village of Trillium Forest - Phase: 3 - Lot: Block 142 Unit 1
Today's Date: 08Jul21
Contact(s): Maria F Taylor - Home: (416) 805-0659
Email: kayhonnor@gmail.com

Company: Icon Plumbing & Heating
Attention:
Telephone: (647) 526-0027
Fax:

Please Complete the following items:

DAI	Type	Issue	Appt. Date/Time	Notes
144594	Interval	Basement- General- Sump pump concerns - please adjust the float to higher or raise the sump pump so it goes off less- INSPECT TO CONFIRM PUMP IS RUNNING PROPERLY		ALL WORKING FINE ✓

Date Completed: _____

Homeowner Signature: _____

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

Date Completed: _____

Trade &/or Service Tech.

Signature: Kevin F

Print Name: July 12/21

100%

Please schedule your Service Department to complete work on the above Lot. Should no 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.