



Zancor Homes (Innisfil) Ltd.
Warranty Services
Phone: (905) 833-1359
Fax: (905) 833-4367

Work Order

Closing Thursday

Closing Date: 15Mar18

Address: -

Location: Belle Aire Shores - Phase: 1 - Lot: 228-6

Today's Date: 13Mar18

Contact(s):

Email:

Company: Perfect Touch Painting

Attention: John Hagithomes

Telephone: (416) 399-2584

Fax: (416) 929-0893

Please Complete the following items:

Deficiency Number	Type	Issue	Appt. Date/Time	Notes
124867	PDI	EXTERIOR - --Dent on operating window below glass inserts		
124872	PDI	EXTERIOR - -: 1-Painting not complete		

Date Completed: March 12 / 18

Homeowner Signature: _____

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

Date Completed: _____

Trade &/or Service Tech.

Signature: _____

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.



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Work Order

Closing Date: 17Apr18

Address: -
Location: Belle Aire Shores - Phase: 1 - Lot: 228-6
Today's Date: 29Mar18
Contact(s):
Email:

Company: Tub Net
Attention: Anthony
Telephone: (416) 823-6999
Fax: (905) 873-7738

Please Complete the following items:

Deficiency Number	Type	Issue	Appt. Date/Time	Notes
124845	PDI	MAIN BATHROOM - : 1-Chip on tub by toilet	15Mar18 /day	

Date Completed: _____

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

Date Completed: Feb. 28/2018

Trade &/or Service Tech.

Signature: _____

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.

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Work Order

Closing Date: 17Apr18

Address: -

Location: Belle Aire Shores - Phase: 1 - Lot: 228-6

Today's Date: 02Apr18

Contact(s):

Email:

Company: Promark Aluminium LTD.

Attention: Kamar Kuyumjiu - Cell: 416-576-0236

Telephone: (905) 857-5692

Fax: (905) 857-5961

Please Complete the following items:

Deficiency Number	Type	Issue	Appt. Date/Time	Notes
125713	Interval Seasonal	Exterior- Elbows required at downspouts		

Date Completed: _____

Homeowner Signature: _____

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

Date Completed: April 2/18

Trade &/or Service Tech.

Signature: _____

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.

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Work Order

Closing Date: 17Apr18

Address: -

Location: Belle Aire Shores - Phase: 1 - Lot: 228-6

Today's Date: 05Apr18

Contact(s):

Email:

Company: AV Classic

Attention:

Telephone: (905) 760-7840

Fax: (905) 760-7838

Please Complete the following items:

Deficiency Number	Type	Issue	Appt. Date/Time	Notes
124844	PDI	MAIN BATHROOM- --caulk between floor tile and tub skirt		
124857	PDI	LAUNDRY ROOM- --Grout required right and left of door at tile baseboard		

Date Completed: 5/14/18

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

Date Completed: _____

Trade &/or Service Tech

Signature: _____

Print Name: MMR ID _____

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