



**Zancor Homes (Cookstown) Ltd.**  
**Warranty Services**  
**Phone: (905) 738-7010**  
**Fax: (905) 738-5948**

**Work Order**


**Closing Date:** 06Apr21  
**Address:** 51 Mumberson St.  
Cookstown, Ontario  
**Location:** Cookstown - Phase: 1 - Lot: 27  
**Today's Date:** 26Jul21  
**Contact(s):** Samina, M Ebrahim - Cell: (416) 819-2430  
Mohamedhanif Ebrahim -  
**Email:** hanif.ebrahim@rogers.com

**Company:** QTK  
**Attention:**  
**Telephone:** (416) 746-1811  
**Fax:** (905) 761-5901

Please Complete the following items:

DAI	Type	Issue		Appt. Date/Time	Notes
143990	30-Day	Kitchen- General- Item #33- Appliance dimensions not followed resulting in cabinet gaps(COMPLETED PENDING ON SYSTEM AS HOMEOWNER REQUEST)	X	23Jun21 /am	customer reported to Zancore as results of flooding water damage after moving in
145225	Interval	Kitchen- General- Garbage bin drawer in kitchen to be adjusted. Making noises when opening and closing	GB ✓		

Date Completed: Aug 30 2021

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

Date Completed: \_\_\_\_\_

Trade &/or Service Tech.

Signature:  \_\_\_\_\_



80 Sante Drive, Vaughan, ON L4K 3C4  
T 416.746.1811 F 905.761.5901  
www.QTK.ca info@qtk.ca

Finishing Order No: **TN2101045** Company: **QTK |Tony Franchi** Issue Category: **General Repairs & Service**

Job Name  
LOT 27 CKT

Customer Name  
Zancor Homes (Cookstown) Ltd.

Date Assigned  
Monday, August 30, 2021

Time Assigned  
10:00 am

**Items to be Completed / Corrected:**  
**SEE WORK ORDER.**

(Mark Each Line - ✗ for NOT DONE, ✓ for DONE)



**Customer Contact / House Access Information**

51 Humberston St.

**Builder Contact Information:**

Visit Information: **QI (Quality Inspection)**

**This section to be completed By QTK Finisher**

Return Visit Required: ☐ YES ☐ NO

Time Arrived: \_\_\_\_\_

Time Departed: \_\_\_\_\_

**Notes / Item Return Numbers:**

Completed

**This section to be completed By Homeowner or Representative of the Builder**

Homeowner / Builder Representative to only complete this section once the Time Arrived, Time Departed & Return Visit Fields above are filled in by the QTK Finisher.

Check ONE Box Below Only

All Items Completed ☐

Item(s) Still Outstanding ☐

Other \_\_\_\_\_ ☐

**Notes / Comments:**

None

Name: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Return Visit Required: ☐ YES ☐ NO

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

**SIGN ONLY ONE (1)  
SECTION TO THE RIGHT**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

**OR**

Print Name: \_\_\_\_\_

The Homeowner attests that the