

Zancor Homes (Cookstown) Ltd.

Warranty Services

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

Work Order

Closing Date: 19Nov20

Address:

Location: 28Jan21 Cookstown - Phase: 1 - Lot: 32

Today's Date:

Contact(s): Antonino Spatafra - Home: (416) 678-2940 Maria, R Zito-Spatafora -

Email: aspatafora7@gmail.com

Company:

Zancor-Cookstown Service

Telephone:

Attention:

Fax:

Please Complete the following items:

| DAI    | Type     | Issue             | Appt.<br>Date/Time | Notes       |
|--------|----------|-------------------|--------------------|-------------|
| 142224 | Interval | Kitchen- General- | 28Jan21            | Arrival 8am |
|        |          | DRYWALL REPAIR    | /am                | 72/         |
|        |          | BEHIND THE STOVE  |                    | Jan Alba    |

Date Completed:

Homeowner Signature:

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

Date Completed:

Trade &/or Service Tech

Signature:

Print Name:

MEN

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

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

CANCOR

## covid-19 Assessment Form

Company: \_\_\_Zancor Homes \_\_\_\_\_

Date: JAN 28 K



Service Technician: KoumEN

|  |  |  |  | Rios | MARIA SPATAFRA | ANTONIO SPATAR | Homeowner Names<br>(everyone present at time of<br>appointment)   |
|--|--|--|--|------|----------------|----------------|---|
|  |  |  |  | 16   | an             | ex No          | Have you been in contact with a person who has a potential or a confirmed case of the COVID-19 virus in the last 14 days? |
|  |  |  |  | No   | No             | No             | Have you travelled or been in contact with someone who travelled outside of Canada within the past 14 days?               |
|  |  |  |  | 20   | de             | de             | Do you have or have you exhibited any Cold or Flu like symptoms within the past 7 days? If yes, please elaborate          |
|  |  |  |  | 8    | No             | No             | Do you have any other reason to believe that you may have been potentially exposed to the COVID-19 Virus?                 |
|  |  |  |  |      |                |                | Notes   |
|  |  |  |  |      |                |                |   |