



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

Finishing Order No: **TN2011042** Company: **QTK |Damiano Perpetuo** Issue Category: **General Repairs & Service**

Job Name  
LOT 29 CKT

Customer Name  
Zancor Homes (Cookstown) Ltd.

Date Assigned  
Wednesday, December 8, 2021

Time Assigned  
9:00 am

**Items to be Completed / Corrected:**

(Mark Each Line - ~~X~~ for NOT DONE, ✓ for DONE)

Main Bathroom General- Item #11-master suite - missing right side gable , only left installed -QTK To confirm

( ) - P.O.

**Customer Contact / House Access Information**

Name: Munice Wright  
Address: 40 Victoria St  
Email: slewinwright@gmail.com  
Home: (416) 674-3246

**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:

*Done*

**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.

Notes / Comments:

Check ONE Box Below Only

All Items Completed ☐

Item(s) Still Outstanding ☐

Other \_\_\_\_\_ ☐

*Great Thank you*

Name: *EBerry*

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

Return Visit Required: ☐ YES ☐ NO

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

**SIGN ONLY ONE (1)  
SECTION TO THE RIGHT  
READ BEFORE SIGNING**

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

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

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

**OR**

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

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

The Homeowner attests that the service person attended the appointment & was UNABLE to complete ALL the repairs and an additional visit is Required.