Work Order

ANCOR

Closing Date: 30Jun22

Address:

Zancor Homes (Parkview) Ltd. Warranty Services Phone: (905) 738-7010

Fax: (905) 738-5948

| ocation: Today's Date: Contact(s): Email: | oday's Date: 24Aug22 ontact(s): Vinothan Kumaravel - Cell: (647) 99 | | | | | | |
|---|--|--|--|--------------------|---|---------|--|
| ompany: Stairfab ttention: Sam/Frank/Bruno/Ross/Damien | | - 'Y | · DI EFFE | | | | |
| Felephone: | (416) 21 (905) 89 | 3-5771 | Co | 10012000 | x | | |
| Please Comple | ete the foll | owing items: | | | | | |
| DAI | Type | Issue | | Appt. Date/Time | Notes | | |
| 148262 | PDI | FOYER/HALL- STAIRS~DENT ON 10TH 11TH 12TH TREAD AT STAIRS FROM MAIN FLOOR TO 3RD FLOR | | 02Sep22 /am | Stready full who for feft Arthrossion a | led are | |
| 149546 | 30-Day | Stairs- General-Item #5- on the stair/nosing the full price is damaged | | 02Sep22 /am | | | |
| 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: | | | | |
| | | | Print Name: | | | | |
| Please sch | nedule vo | ur Service Department to | complete | e 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.