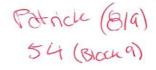


Carpet and Hardwood Sector

Deficiency Notice

| Date 8/9/22 | | (D | 217 |
|---|--|--|-------------------------|
| Prepared by Company / Main Contractor | WENTER THE STREET STREET, BETTER THE STREET, S | | |
| Subcontractor / Pieceworker | | | |
| | | 4 | |
| Builder Zacor | | | |
| Location Now Towns, Broom | Lot Number 4-54 | | |
| Explanation of Deficiency | e Required | | |
| | | | |
| Bol 2+3- tuck carpot | tesm Pl |)(| |
| Remedy and | Estimate of Repa | ir | |
| Materials Cost | Labour | | Cost |
| | | | COSC |
| Done By R | OBI | | |
| | Total Estimate | to Repair / Correct Deficiency (before tax) | \$45.00 |
| Please Sign and Acknowledge B | elow (choose 1, 2 | 2 or 3 as applicable) | |
| Option 1. The undersigned subcontractor / pieceworker will perform the deficiency as noted of Option 2. The undersigned subcontractor / pieceworker does not wish to do the repair but rate directly as per the above estimate. | | | eworker |
| Option 3. I, the named subcontractor / pieceworker, have inspected the deficiency with [please note] | | for which I do not accept responsibility | for the following reaso |
| Deficiency Notice received by subcontractor / pieceworker on: | Unable t | o contact subcontractor / pieceworker ice sent by Registered Mail on: | directly. |
| (Month/Day/Year) | (Month) | (Day / Year) | |
| Date Signature | | Date Signature | |









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

Work Order

| Closing Date: | : 11Aug2 | 22 | | | | |
|--|--------------|--|---|-----------------------|-------|--|
| Address: | N T. | | | '' 5 4 (DI - I | • | |
| _ocation: Foday's Date Contact(s): Email: | : 08Aug2 | owns In Brooklin - Phase: $9200 - 709321$ | 1 - Lot: Ui | nit 54 (Block | 9) | |
| Company: | Quality | Rugs Canada LTD. | | | | |
| Attention: Felephone: Fax: | (905) 73 | 31-4443 | | | | |
| Please Comp | lete the fol | lowing items: | | | _ | |
| DAI | Туре | Issue | | Appt. Date/Time | Notes | |
| 149228 | PDI | BEDROOM #2- FLOORING~TUCK CARPET LEFT OF WINDOW AND 3RD BEDROOM RIGHT OF DOOR | 4 de | 10 | | |
| Date Compl | eted: | | Homeowner Signature: The Homeowner acknowledges and accepts all wo has been completed in a workman like manner. | | | |
| Date Completed: | | | Trade &/or Service Tech. | | | |
| | | | Signatu | re: | | |
| | | | Print Na | me. | | |

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.

June

Now Towns In Brooklin - Phase: 1 - Lot: Unit 54 (Block 9)

149228 - 1 - FLOORING~TUCK CARPET LEFT OF WINDOW AND 3RD BEDROOM RIGHT OF DOOR

