



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

Work Order

Dec 3
10-1

Closing Date: 01Dec22

Address:

Location: Caledon Club - Phase: 1 - Lot: 90A

Today's Date: 24Nov22

Contact(s):

Email:

Company: New Image Kitchens

Attention:

Telephone: (416) 739-0007

Fax: (416) 739-7031

~~Drop off~~ Dec 17
~~Drop off~~
Reschedule
SMK cabinet
for Powder
Dec 20

Please Complete the following items:

DAI	Type	Issue	Appt. Date/Time	Notes
152560	PDI	KITCHEN- CABINETS~CHIP INSIDE BOTTOM GABLE AT LOWER CABINET LEFT OF FRIDGE		DONE
152561	PDI	KITCHEN- CABINETS~INSPECT FOR SCRATCHES AT STAINLESS STEEL INSERT HOOD FAN OR CONFIRM IF FILM		DONE
152562	PDI	POWDER ROOM- NOTE:~ADJUST CABINET BELOW SINK CANNOT CLOSE		DONE
152569	PDI	BEDROOM 4 ENSUITE- VANITY CABINETS~CHIP INSIDE BOTTOM GABLE BELOW SINK		DONE
152572	PDI	SHARED-ENSUITE- C OUNTERTOPS~LEFT		DONE

Box ONLY

	SIDE SPLASH PEELING AT CORNER				DONE
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Date Completed: Dec 3 2012

Homeowner Signature: Rajdeep Dhill
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 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.

		COUNTERTOPS~LEFT SIDE SPLASH PEELING AT CORNER			Done Dec 17
152816	Interval	Bedroom 2 Ensuite- General- Damage gable inside cabinet left side			
152908	Interval	Kitchen- General- Hoodfan insert not installed			

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 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.

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