



NEWMAR WINDOW MFG. INC.  
ALPA LUMBER GROUP

7630 AIRPORT ROAD, MISSISSAUGA, ON L4T 4G6  
TEL (905) 672-1233 FAX (905) 672-1076

WO # W179925  
Pack Slip:226035

Service Date: May 26, 2023

Priority: Normal Status: SCHEDULED RELEASED

BUILDER

Customer: N000531 City: CALEDON Received: Mar 03, 2023  
Name: ZANCOR CALEDON CLUB Service Phone(s): Time: PM  
Service Fax: Site Phone: Order: D380112-1  
Site Fax: Lot#: 106A Phase:

RESIDENT INFORMATION

Home Owner Name: SUKHJINDER DHILLON/ RAMNIT K Address: 28 DEL GRAPPA STREET  
Home Phone(s): Work Phone(s):  
Cell Phone(s): 647- 308-1255, 437-223-4302 Email(s): soniadhillion@hotmail.com,  
ramnit02@hotmail.com

LINKED ORDER INFORMATION (D380112-1)

Customer: N000531 ZANCOR CALEDON CLUB Lot #: 106A  
Model: 30-02 CABO (OPT. 4BED) (SL) Phase:

SERVICE INSTRUCTIONS

LIVING ROOM- WINDOWS-SCRATCH ON RIGHT FIXED GLASS LEFT OF BALCONY SLIDING DOOR  
FOYER/HALL- NOTE:-DENT ON MAN DOOR AND DOOR PEELING

Complete

PARTS REQUIRED

LN	Item Description	Location	Specification	Size	Options	Qty
61	NEWMAR VINYL CASEMENT FIXED	G.ROOM	GLASS ONLY - FIXED	18.75 X 62.75	CLR LOWE_ARG SL	1
100	DCGH 2' 8" WOOD DOOR SYS	GAR	SLABS (ALL)	33.75 X 81.75	LEFT STEEL 600_SERIES TYPE3	1
101	NO DOOR LIGHT SELECTED	GAR				1

Problem Description: Not home to sign H/O Left door open as per Shonnessa

☐ Warranty

☐ CHARGEABLES

Material \$

Material \$ 289

Labour \$

Labour \$ 120

P.O.#:

Cause:

Solution:

Date Completed: May 26/23

Approved:

Time: 1hr.

Service Signature: STEVE



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

## Work Order

**Closing Date:** 13Apr23

**Address:**

**Location:** Caledon Club - Phase: 1 - Lot: 106A

**Today's Date:** 01Mar23

**Contact(s):**

**Email:**

**Company:** Newmar

**Attention:** Alex

**Telephone:** (905) 672-1233

**Fax:** (905) 672-6350

**Please Complete the following items:**

DAI	Type	Issue		Appt. Date/Time	Notes
154895	PDI	LIVING ROOM- WINDOWS~SCRATC H ON RIGHT FIXED GLASS LEFT OF BALCONY SLIDING DOOR			
154896	PDI	FOYER/HALL- NOTE:~DENT ON MAN DOOR AND DOOR PEELING			

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

**Homeowner Signature:** \_\_\_\_\_

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

**Date Completed:** May 26 / 23

**Trade &/or Service Tech.**

**Signature:** 

**Print Name:** Steven Mader

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.