



COMP

NEWMAR WINDOW MFG. INC.
ALPA LUMBER GROUP

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

WO # W188274

Pack Slip: 213398

Service Date: Jun 23, 2023

Priority: Normal Status: SCHEDULED RELEASED

BUILDER

Customer: N000531 City: CALEDON Received: Jun 02, 2023
Name: ZANCOR CALEDON CLUB Service Phone(s): Time:
Service Fax: Site Phone: Order: D380135-1
Site Fax: Lot#: 89A Phase:

RESIDENT INFORMATION

Home Owner Name: KHUSHBUBEN RITESHKUMAR PATEL & Address:
Home Phone(s): Work Phone(s):
Cell Phone(s): 647-472-3324 Email(s): Itkhushbu20@gmail.com,
ritesh.1987@yahoo.com

LINKED ORDER INFORMATION (D380135-1)

Customer: N000531 ZANCOR CALEDON CLUB Lot #: 89A
Model: 30-05 CAPILANO (STND + OPT. GROUND) (SL) Phase:

SERVICE INSTRUCTIONS

MASTER BEDROOM-GENERAL- STRESS CRACK IN FIXED GLASS WINDOW

PARTS REQUIRED

LN	Item Description	Location	Specification	Size	Options	Qty
71	NEWMAR VINYL CASEMENT FIXED	MB	GLASS ONLY - FIXED	24.75 X 42.75	CLR LOWE_ARG SL	1

Problem Description:

☐ Warranty

Material \$

Labour \$

☐ CHARGEABLES

Material \$ 95.⁰⁰

Labour \$ 120.⁰⁰

P.O.#:

Cause:

Solution: Change Glass unit in MBR

Date Completed: June 23/23

Approved:

Time:

Service Signature: 

MIKE(RENO)



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

Work Order

Closing Date: 27Apr23

Address:

Location: Caledon Club - Phase: 1 - Lot: 89A

Today's Date: 01Jun23

Contact(s): Khushbuben Riteshkumar Patel - Cell: (647) 472-3324 - (ltkhushbu20@gmail.com)
Riteshkumar Navinbhai Patel - Cell: (647) 472-3324 - (ritesh.1987@yahoo.com)

Email: ltkhushbu20@gmail.com

Company: Newmar

Attention: Alex

Telephone: (905) 672-1233

Fax: (905) 672-6350

Please Complete the following items:

DAI	Type	Issue		Appt. Date/Time	Notes
157581	Interval	Master Bedroom- General- stress crack in fixed glass window			

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.

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.