



NEWMAR WINDOW MFG. INC.
ALPA LUMBER GROUP

8 EDVAC DRIVE, BRAMPTON ON L6S 5P2
TEL (905) 672-1233 FAX (905) 672-1076

WO # W21004
Pack Slip:5968

Service Date: Feb 07, 2024

Priority: Normal

Status: SCHEDULED

BUILDER

Customer: 8030030 City: OAKVILLE Received: Dec 13, 2023
Name: ZANCOR THE BRANCH CONDOS Service Phone(s):
Service Fax: Site Phone: (416) 566-2066 Time:
Site Fax: Lot#: 7TH FLOOR Order: H801168-1
Phase: 724

RESIDENT INFORMATION

Home Owner Name: JAMES BASIL OBAJI Address:
Home Phone(s): Work Phone(s):
Cell Phone(s): 416-400-6050 Email(s): JOBAJI@ROGERS.COM

LINKED ORDER INFORMATION (H801168-1)

Customer: 8030030 ZANCOR THE BRANCH CONDOS House Model: 7TH FLOOR
Lot #: 7TH FLOOR Phase: Elevation:

SERVICE INSTRUCTIONS

SUPPLY AND INSTALL

UNIT 724 - MISSING PATIO DOOR SCREEN - 35 1/2 X 84 H/L

Done

ADDED ON JAN 9TH 2024

INVESTIGATE AND CORRECT

DAI #170406 - PDI - LIVING ROOM - MISSING SCREEN DOOR + SCRATCH ON MASTER BEDROOM FRAME

Done

DAI #170407 - PDI - MASTER ENSUITE - LEFT GABLE DAMAGED

Done

PARTS REQUIRED

LN	Item Description	Location	Specification	Size	Options	Qty
114	PURCHASED PATIO DOOR	WBCH7-WS	SCREENS	35 7/16 X 84	MEDIUM GRAY UCFX11030	1
2		11		1/16	LEFT	

Address Labels

BCH-7F-22-5*

Done

Problem Description:

☐ Warranty

☐ CHARGEABLES

Material \$

Material \$

Labour \$

Labour \$

P.O.#:

Cause:

Solution:

Date Completed:

07/02/24

Approved:

[Signature]

Time: _____

Service Signature: 
MIGUEL



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

Work Order

Closing Date: 08Jan24

Address: 2450 Old Bronte Road, Suite 724
Oakville, Ontario

Location: The Branch Condos - Phase: 1 - Lot: 724

Today's Date: 08Jan24

Contact(s): James Basil OBAJI - Cell: (416) 400-6050 - (jobaji@rogers.com)
Obaji Medical Management Inc.

Email: jobaji@rogers.com

Company: NEWMAR-The Branch

Attention:

Telephone:

Fax:

Please Complete the following items:

DAI	Type	Issue		Appt. Date/Time	Notes
170406	PDI	Living Room- General- missing screen door + scratch on master bed frame			
170407	PDI	Master Ensuite- General- left gable damaged			

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.