



NEWMAR WINDOW MFG. INC.  
ALPA LUMBER GROUP

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

WO # W204548

Pack Slip: 237212

Service Date: Feb 08, 2024

Priority: Normal

Status: SCHEDULED

BUILDER

Customer: N000690  
Name: ZANCOR RIVERS EDGE  
Service Fax:  
Site Fax:

City: WASAGA BEACH  
Service Phone(s):  
Site Phone:  
Lot#: 117

Received: Dec 13, 2023  
Time:  
Order: D390094-1  
Phase:

RESIDENT INFORMATION

Home Owner Name: ALFONSO LICATA & PINA LICATA  
Home Phone(s): 416-804-8340, 416-418-9528  
Cell Phone(s):

Address: ~~158~~ ROSANNE CIRCLE WASAGA, ONTARIO  
Work Phone(s): 156  
Email(s): alicata@bgs.ca, pina@wsibldm.com

LINKED ORDER INFORMATION (D390094-1)

Customer: N000690 ZANCOR RIVERS EDGE  
Model: 50-5 (BLK)/LOT 117

Lot #: 117  
Phase:

SERVICE INSTRUCTIONS

SHARED BATHROOM-GENERAL- RIGHT SIDE OF WINDOW JAMB CHIPPED  
LOCK CODE CALL DAY OF TO GET ALSO WOULD LIKE PICTURE OF JOB BEFORE AND AFTER

Complete  
1560

PARTS REQUIRED

LN	Item Description	Location	Specification	Size	Options	Qty
40	NEWMAR VINYL CASEMENT jamb extensions	SBTH	OTHER RPLCMNT PARTS	24 X 40	BK 61316 FJ RIGHT	1

Problem Description: no chips found on window

☐ Warranty

Material \$

Labour \$

☐ CHARGEABLES

Material \$ N/C

Labour \$

P.O.#:

Cause: No H/O to Sign Code Lock Box Code

Solution: checked Multiple windows shared Master ensuite + 2nd ensuite

Date Completed: Feb 08/24

Approved:

Time: 3:00

Service Signature:

STEVE



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

## Work Order

**Closing Date:** 07Nov23

**Address:** 156 156 Rosanne Circle  
Wasaga, Ontario

**Location:** Rivers Edge - Phase: 1 - Lot: 117

**Today's Date:** 13Dec23

**Contact(s):** Alfonso Licata - Home: (416) 804-8340 - (alicata@bgs.ca)

Pina Licata - Home: (416) 418-9528 - (pina@wsibldm.com)

**Email:** alicata@bgs.ca

**Company:** Newmar

**Attention:** Alex

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

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

Please Complete the following items:

DAI	Type	Issue		Appt. Date/Time	Notes
167445	Interval	Shared Bathroom- General- right side of window jamb chipped			

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

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

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

Date Completed: Feb 08/24

**Trade &/or Service Tech.**

Signature: \_\_\_\_\_

Print Name: Steven Maia

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.**