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NEWMAR WINDOW MFG. INC.  
ALPA LUMBER GROUP

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

WO # W208581  
Pack Slip: 234280

Service Date: Feb 20, 2024

Priority:	Normal	Status:	SCHEDULED	<i>completed</i>	
<b>BUILDER</b>					
Customer:	N000690	City:	WASAGA BEACH	Received:	Feb 05, 2024
Name:	ZANCOR RIVERS EDGE	Service Phone(s):		Time:	1ST CALL
Service Fax:		Site Phone:		Order:	D389989-1
Site Fax:		Lot#:	40	Phase:	

**RESIDENT INFORMATION**

Home Owner Name:	CHRIS (NEW HO)	Address:	1 ROSANNE CIRCLE WASAGA, ONTARIO
Home Phone(s):	647-980-7703, 647-202-5313	Work Phone(s):	
Cell Phone(s):	705-309-5559	Email(s):	chris.sargent1@outlook.com, cherriann71@gmail.com

**LINKED ORDER INFORMATION (D389989-1)**

Customer:	N000690 ZANCOR RIVERS EDGE	Lot #:	40
Model:	43-7 (SL)	Phase:	

**SERVICE INSTRUCTIONS**

MASTER BEDROOM-GENERAL- WINDOW NOT CLOSING - EXTERIOR ARM CAME OFF BOTTOM OF WINDOW - BOOK ASAP  
AS PER HOMEOWNER THIS IS THE WRONG ROOM LOCATION HO WILL SHOW YOU THE CORRECT ROOM *—comp*

**PARTS REQUIRED**

LN	Item Description	Location	Specification	Size	Options	Qty
100	NEWMAR VINYL CASEMENT roto gear please take all left right long and short as the homeowner has informed me the builder has give the wrong room location	MB	OTHER RPLCMNT PARTS	24 X 52	SL 61316 FJ RIGHT	1

Problem Description: \_\_\_\_\_

☐ Warranty

Material \$ \_\_\_\_\_

Labour \$ \_\_\_\_\_

☐ CHARGEABLES

Material \$ *NIC*

Labour \$ *NIC*

P.O.#: \_\_\_\_\_

Cause: \_\_\_\_\_

Solution: \_\_\_\_\_

Date Completed: *Feb - 20 - 24*

Approved: *[Signature]*

Time: \_\_\_\_\_

Service Signature: *[Signature]*

THARMA

*Ed*



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

## Work Order

**Closing Date:** 20Jul23

**Address:** 1 Rosanne Circle  
Wasaga, Ontario

**Location:** Rivers Edge - Phase: 1 - Lot: 40

**Today's Date:** 05Feb24

**Contact(s):** Cherriann Ragbir - Home: (647) 980-7703 - (cherriann71@gmail.com)  
Robert, Sean Heeralal - Home: (647) 202-5313 - (robertheeralal@gmail.com)  
Daniel Ragbir  
NEW HO-Chris - Cell: (705) 309-5559 - (chris.sargent1@outlook.com)  
**Email:** cherriann71@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
172470	Emergency	Master Bedroom- General- window not closing - exterior arm came off bottom of window - book asap			

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

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

Date Completed: Feb 20 24

Trade &/or Service Tech.

Signature: 

Print Name: Pharma

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**