DANNY

JULY 29, 8AM

Zancor North Inc.
Warranty Services
Phone: (905) 738-7010
Fax: (905) 738-5948

Work Order

Closing Date:	**28May21**
Address:	**Bianca Crescent** **34 Wasaga Beach**
Location:	**The Village of Trillium Forest - Phase: 3 - Lot: Block 136 Unit 5**
Today's Date:	22Jul21
Contact(s):	Kenneth, N Robertson - Home: (705) 808-2326 Cell: (705) 627-7072 Paulina, J Robertson -
Email:	kp_robertson@sympatico.ca

Company:	**Wasaga Zancor Warranty Service**
Attention:	
Telephone:	(705) 428-6483
Fax:	(705) 428-6484

Please Complete the following items:

DAI	Type	Issue		Appt. Date/Time	Notes
145068	30-Day	Garage- General- Item #3- a crack on garage floor		18Aug21 /am	
145069	30-Day	Main Bathroom- General- Item #4- Bathtub squeaks		18Aug21 /am	
145070	30-Day	Stairs- General- Item #5- creak on the steps going downstairs		18Aug21 /am	
145071	30-Day	Main Hall- General- Item #6- there is a spot on the main floor next to the centre island that when we step on it, it sounds like its hitting vent-monitor		18Aug21 /am	
145072	30-Day	Powder Room- General- Item #7- removal of accessories in powder room/Master- Patch sand and paint		18Aug21 /am	

145073	30-Day	Exterior- General- Item #8- eaves drop leaking during rain		18Aug21 /am	
145074	30-Day	Exterior- General- Item #9- garage painting		18Aug21 /am	
145213	Interval	Basement- General- SAND AND PAINT REQUIRED DUE TO DRYWALL REPAIR	✓	29Jul21 /am	Arrival 8am

Date Completed: _____

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

Date Completed: July 29/2021

Trade &/or Service Tech.

Signature: _____

Print Name: DANNY

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.

136-5

Covid-19 Assessment Form

safeline GROUP OF COMPANIES

Company: ___Zancor Homes _____ Date: July 29/2021

Service Technician: DANNY

Homeowner Names (everyone present at time of appointment)	Have you been in contact with a person who has a potential or a confirmed case of the COVID-19 virus in the last 14 days?	Have you travelled or been in contact with someone who travelled outside of Canada within the past 14 days?	Do you have or have you exhibited any Cold or Flu like symptoms within the past 7 days? If yes, please elaborate	Do you have any other reason to believe that you may have been potentially exposed to the COVID-19 Virus?	Notes
KEN ROBERTS	NO	NO	NO	NO	
PAULINA ROBERTS	NO	NO	NO	NO	