

Fax: (905) 738-5948

Work Order

Closing Date Address: Location: Today's Date Contact(s): Email:	Shore	line Point - Phase: 1 - Lot:	105			
Company: Attention: Telephone: Fax:	(905) 6	silings Inc.	924 WELL			
Please Comp	Type	llowing items:		Appt.	Notes	
ano erazi	.522			Date/Time		
157086	PDI	Exterior- General- complete porch rail -ASAP				
Date Completed:			Homeowner Signature: The Homeowner acknowledges and accepts all worknas been completed in a workman like manner.			
Date Comp	oleted:		Trade &/or Service Tech.			
			Signature:			
			Print Name:			
appointn adhere t	nent time o o the appo	our Service Department to or date appear (below) on intment you have schedu ner on completion. Please	this form, it led. Your s	t is your res _l ervice repre	oonsibility to arra sentative must h	inge and ave this form

DONE

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.

E-MAILED MAY 2 3 2023

