



NEWMAR WINDOW MFG. INC.
ALPA LUMBER GROUP

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

WO # W189223
Pack Slip:229577

Service Date: Jul 24, 2023

Priority: Normal Status: SCHEDULED RELEASED

BUILDER

Customer: 611313 City: INNISFIL Received: Jun 13, 2023
Name: ZANCOR BELLE AIRE SHORES Service Phone(s): Time:
Service Fax: Site Phone: Order: D389030-1
Site Fax: Lot#: 306W Phase:

RESIDENT INFORMATION

Home Owner Name: PALAKATTU GLAXIN GEORGE Address: 1151 COLE STREET
Home Phone(s): Work Phone(s):
Cell Phone(s): 647-778-1484 Email(s): glaxin@gmail.com

LINKED ORDER INFORMATION (D389030-1)

Customer: 611313 ZANCOR BELLE AIRE SHORES Lot #: 306W
Model: 36-06 SKIPPER OP 2FL/3BD/WH Phase:

SERVICE INSTRUCTIONS

FRONT BEDROOM TRANSOM CRACKED - REPLACE.
ADD
BEDROOM 3- GENERAL- ITEM #1-STRESS CRACK @ UPPER RIGHT FIXED ARCH WINDOW

PARTS REQUIRED

LN	Item Description	Location	Specification	Size	Options	Qty
224	NEWMAR VINYL EXT SEG- Done	B3	GLASS ONLY - FIXED	72 X 18	CLR LOWE_ARG *VSP021 3-PART WH	1
441	NEWMAR VINYL CASEMENT FIXED	B3	GLASS ONLY - FIXED	18.75 X 50.75	AG13 WH LOWE_ARG WH	1

Problem Description: Ch

☐ Warranty

Material \$

Labour \$

☐ CHARGEABLES

Material \$ 254

Labour \$ 120

P.O.#:

Cause:

Solution: Changed glass in front bed transom
- couldn't find any other broken glass

Date Completed: July 24/23

Approved:

Time:

Service Signature: Mike Clarke

MIKE(RENO)



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

Work Order

Closing Date: 20Jul23

Address:

Location: Belle Aire Shores - Phase: 3 - Lot: 306W

Today's Date: 11Jul23

Contact(s):

Email:

Company: Newmar

Attention: Alex

Telephone: (905) 672-1233

Fax: (905) 672-6350

Please Complete the following items:

DAI	Type	Issue		Appt. Date/Time	Notes
159143	PDI	Bedroom 3- General- Item #1-Stress crack @ upper right fixed arch window			

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.