



Comp

NEWMAR WINDOW MFG. INC.  
ALPA LUMBER GROUP

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

WO # W189052

Pack Slip:230735

Service Date: Aug 14, 2023

Priority: Normal Status: SCHEDULED

BUILDER

Customer: N000633 City: WASAGA BEACH Received: Jun 12, 2023  
Name: ZANCOR WASAGA SINGLES Service Phone(s): Time: PM  
Service Fax: Site Phone: Order: D386903-1  
Site Fax: Lot#: 94 Phase:

RESIDENT INFORMATION

Home Owner Name: PASQUALINA SCAFIEZZO/ DOMENI Address: 166 RAMBLEWOOD DRIVE  
Home Phone(s): Work Phone(s):  
Cell Phone(s): 416-917-9752 Email(s): mscafiiez@hotmail.com

LINKED ORDER INFORMATION (D386903-1)

Customer: N000633 ZANCOR WASAGA SINGLES Lot #: 94  
Model: 52-04 (WH) Phase:

SERVICE INSTRUCTIONS

BASEMENT- GENERAL- FRONT FIXED AND LEFT OPERATING WINDOW HAS STRESS CRACKS

ADDED ON 06-13-2023:

DINING ROOM- GENERAL - REPLACE FRONT WINDOW SCREEN

ADDED:

LIVING ROOM- GENERAL- REPLACE BOWED WINDOW SCREEN, NOTED AT CLOSING

PARTS REQUIRED

LN	Item Description	Location	Specification	Size	Options	Qty
181	NEWMAR VINYL CASEMENT COMPLETED	BSMT	GLASS ONLY - SASH	18.75 X 24.75	AG22 WH LOWE_ARG WH	1
182	NEWMAR VINYL CASEMENT FIXED COMPLETED	BSMT	GLASS ONLY - FIXED	18.75 X 24.75	AG22 WH LOWE_ARG WH	1
202	NEWMAR VINYL CASEMENT COMPLETED	LIV-DIN	SCREENS-REPLA CEMENT-WINDO WS	19.0625 X 55.125		1
401	NEWMAR VINYL CASEMENT Completed	LIV-DIN	SCREENS-REPLA CEMENT-WINDO WS	19.0625 X 63.125	Done	1

Problem Description:

☐ Warranty

Material \$

Labour \$

☐ CHARGEABLES

Material \$

Labour \$

P.O.#:

Cause:

Solution: replaced Damaged Screen in Liv/Din

Date Completed: Aug 14/2023

Approved: \_\_\_\_\_

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

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

  
MIKE(RENO)



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

## Work Order

**Closing Date:** 15Jun23

**Address:** 166 Ramblewood Drive  
Wasaga Beach, Ontario

**Location:** Shoreline Point - Phase: 1 - Lot: 94

**Today's Date:** 26Jul23

**Contact(s):** Pasqualina Scafiezzo - Home: (416) 917-9752 - (mscafiez@hotmail.com)  
Domenic Scafiezzo

**Email:** mscafiez@hotmail.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
160044	Interval	Living Room- General- replace bowed window screen, noted at closing			

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

Homeowner Signature: *Pasqualina Scafiezzo*  
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.**



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

## Work Order

**Closing Date:** 15Jun23

**Address:**

**Location:** Shoreline Point - Phase: 1 - Lot: 94

**Today's Date:** 12Jun23

**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
157262	PDI	Dining Room- General- replace front window screen			
157267	PDI	Basement- General- front fixed and left operating window has stress cracks			

**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.

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