MIB RESERVATION REQUEST FORM

CHOICE	MODEL NAME	TYPE	NOTES *Preferred range of floors/Direction/What you want to avoid*
Example	*AD 15*	*1 Bed + Den*	*Not 6th Floor. Want west view*
1			
2			
3			
4			
5			

PROJECT NAME: LakeVu 3

HOW DID YOU HEAR ABOUT US?:

PARKING: ☐ **LOCKER:** ☐ **INVESTOR:** ☐ **END USER:** ☐

PURCHASER 1

FULL LEGAL NAME:

SIN #:

DOB (DD/MM/YY):

ADDRESS: SUITE #:

CITY: PROVINCE: POSTAL CODE:

OCCUPATION:

COMPANY NAME:

CELLPHONE:

HOME PHONE:

OFFICE #:

EMAIL:

PURCHASER 2

FULL LEGAL NAME:

SIN #:

DOB (DD/MM/YY):

ADDRESS: SUITE #:

CITY: PROVINCE: POSTAL CODE:

OCCUPATION:

COMPANY NAME:

CELLPHONE:

HOME PHONE:

OFFICE #:

EMAIL:

NOTES

VALID GOVERNMENT ISSUED PHOTO ID IS REQUIRED WITH WORKSHEET