



PARKSIDE
VILLAGE®
MISSISSAUGA

PURCHASER INFORMATION FORM

Suite #: 3504, PSV2.

Purchasers
Name(s): Rania + Gamal

Purchasers
Address: _____

Tel:
(Daytime): _____

(Cell): _____

Email
Address: _____

PURCHASER'S SOLICITOR INFORMATION

Name: David W.R. Hammond

Firm: _____

Address: 5-2145 Dunwin dr. Miss L5L4L9

Tel: (416) 988-6982

Fax: (905) 607-3765

Email: dwrhammond@rogers.com

Please return the completed form to:

PARKSIDE VILLAGE SALES TEAM

465 Burnhamthorpe Road West | Mississauga | ON | L5B 0E3 | 905.273.9333
FAX: 905-273-7772 EMAIL: SUPPORT1@LIFEATPARKSIDE.COM
LIFEATPARKSIDE.COM