

Unit Reservation Form

Once form is submitted and Sales Representative has confirmed receipt, unit will be reserved for 48 hours.

northside@granitehomes.ca

Please fill out for Purchaser #1:

First Name		Last Name (
DOB		Occupation (
Address			
City	Pc	ostal Code (
Cell Phone		Email	

Please fill out for Purchaser #2:

First Name		La	st Name	
DOB		Oco	cupation	
Address				
City		Post	al Code	
Cell Phone			Email	
Are you wor	king with a realtor?	Yes	Νο	
		\bigcirc	\bigcirc	

If yes, please fill out your realtor's information:

Name	Brokerage	
Email	Phone	

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Please select your floorplan	Unit Number if Know:		
Main Level	\bigcirc		
Terrace	\bigcirc		
Front Two-Storey	\bigcirc		
Rear Two-Storey	\bigcirc		
Parking Space Options:		2nd P	arking Space:
Purchase parking space	\bigcirc	Yes	\bigcirc
Lease parking space	\bigcirc	No	\bigcirc
Do not need parking space	\bigcirc		
Purchasing as:			
Primary residence	\bigcirc		
Investment	\bigcirc		

Please include the following with your Worksheet submission:

- A copy of both Purchasers' Driver's License
- A copy of both Purchasers' Passport or Permanent Resident Card

