



**PARKSIDE
VILLAGE®**
MISSISSAUGA

PURCHASER INFORMATION FORM

Suite #: 3603, PSV2.

Purchasers
Name(s): Sylvia Sztaba

Purchasers
Address: _____

Tel:
(Daytime): _____

(Cell): (647) 767-3742.

Email
Address: _____

PURCHASER'S SOLICITOR INFORMATION

Name: Nakon Edward.

Firm: _____

Address: 1290 Central Parkway W, Mississauga
L5C 4R3.

Tel: (905) 279-7930.

Fax: _____

Email: _____

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
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