



**PARKSIDE
VILLAGE®**
MISSISSAUGA

PURCHASER INFORMATION FORM

Suite #: 1406, PSV2.

Purchasers
Name(s): Moayed Hussain.

Purchasers
Address: _____

Tel:
(Daytime): (905) 598-2229.

(Cell): _____

Email
Address: _____

PURCHASER'S SOLICITOR INFORMATION

Name: Paquette Travers.

Firm: _____

Address: 24 Martin Street (at Mill Street)
Milton, ON L9T 2P9

Tel: 1 (877) 744-2281

Fax: 1 (855) 744-8008

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
LIFEATPARKSIDE.COM