KENNEDY CIRCLE

For Office Use Only

Sales Representative: _____

Total Purchase Price: _____

Suite Number: _____

Kennedy Circle Reservation Request Form

All fields are mandatory: Worksheets Missing Fields Will Not Be Accepted

CHOICE In order of Priority	**UNIT MODEL**	**STYLE**	**REQUESTS** Preferred floor/Direction/Specific Exclusions
Sample	A – Upgraded	1 Bedroom	i.e. West Facing, High Floor
1			
2			
3			

Are you currently working with a realtor? Yes ☐ No ☐

If so, please provide details:

Realtor Name	Brokerage Name/Address/Contact

Do you require additional parking (each unit includes one parking spot, value $35,000)? Yes ☐ No ☐

Do you require additional storage (each unit includes one locker, value $5,000)? Yes ☐ No ☐

Are you an end User or investor? End user ☐ Investor ☐

Purchaser **Surname/Last Name**:	Purchaser **Surname/Last Name**:
Purchaser **First/Given** Name: (Mr. Mrs. Ms.)	Purchaser **First/Given** Name: (Mr. Mrs. Ms.)
Address: Suite #:	Address: Suite #:
City:	City:
Postal Code:	Postal Code:
Phone:	Phone:
Date of Birth (D/M/Y):	Date of Birth (D/M/Y):
Email:	Email:
Occupation: Company Name:	Occupation Company Name:

Check One of the Following:

Canadian Citizen ☐ Permanent Resident ☐ Non-Canadian Citizen/Resident ☐