Preconstruction Worksheet

*Only completed worksheets will be considered

Project Name: _____

PLEASE INDICATE YOUR PREFERENCE:

Choice #1: _____ model _____ floor #

Choice #2: _____ model _____ floor #

Choice #3: _____ model _____ floor #

PARKING & LOCKERS

☐ Parking (If Available)

☐ Locker (If Available)

PURCHASER INFORMATION: (Please enclose a clear copy of the the purchaser identification)

First Name: _____	First Name: _____
Last Name: _____	Last Name: _____
Address: _____	Address: _____
Suite#: _____	Suite#: _____
City: _____ Province: _____	City: _____ Province: _____
Postal Code: _____	Postal Code: _____
Main Phone: _____	Main Phone: _____
Alternate Phone: _____	Alternate Phone: _____
Date of Birth: _____	Date of Birth: _____
SIN #: _____	SIN #: _____
Drivers License #: _____	Drivers License #: _____
Expiry Date: _____	Expiry Date: _____
Email: _____	Email: _____

REQUIRED ALONG WITH THE WORKSHEET

Please attach the below requirements with your submission

1. Images of the front & back of government issued ID
   No Health Cards
2. Image of the first deposit cheque
   Payable to the Builder's Lawyer
3. Other:

PURCHASER PROFILE: (To be completed by agent)

Purchaser 1 Profession: _____ Employer: _____
(If self employed please state what they do and title)

Purchaser 2 Profession: _____ Employer: _____
(If applicable)

Marital Status: _____

How many dependents?: _____ Ages: _____

☐ End User ☐ Investor

SUBMIT VIA EMAIL
worksheets@royallepagesignature.com

COOPERATING BROKER: (Please enclose business card)

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Name: _____

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