



STATUS REQUEST FORM

Condominium Corporation: _____

Legal: _____

Property Address: _____

Purchaser Name(s): _____

Current Owner(s): _____

Closing Date: _____

Lawyer: _____

Phone: _____

Real Estate: _____

Broker Address: _____

Phone: _____

Real Estate Agent Name: _____

(All available information must be filled out)

Check One: Hard Copy

Transmit Via Electronic

Email Address for Documents:

Ordered by: (Please Print)

Date:

Ordered by Affiliated With:

(Please choose one)

Purchaser

Real Estate

Lawyer

Owner

Other

**** Payment or Proof of Payment must be received before transmission (Cash, Cheque or Etransfer) ****

(Cheque payable to E&H Property Management)

(Etransfer sent to info@ehpm.ca)