



**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 ONLY:**

Hard Copy

Transmit Via Electronic

\_\_\_\_\_

Email Address for Documents:

Ordered by Affiliated With:

Purchaser

Real Estate

Lawyer

Owner

Other

\_\_\_\_\_

Ordered by: (Please Print)

\_\_\_\_\_

Date:

**\*\* 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)**