



**LOT HOLD REQUEST FORM**

Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Ph#: \_\_\_\_\_

Email: \_\_\_\_\_

Legal Company or Personal Name: \_\_\_\_\_

Address: \_\_\_\_\_

GST# (if applicable): \_\_\_\_\_

LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ STAGE: \_\_\_\_\_

HOLD EXPIRY DATE: \_\_\_\_\_ (7 days from above noted date)

**PLEASE MAKE CHEQUES PAYABLE TO: Eaglemont Corporation**

ATTACH CHEQUE HERE