



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