
The Law Offices of
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Professional Corporation
BARRISTERS & SOLICITORS

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Vendor Information Form

Owner's Name in full (provide names that appear on title)

Name: _____ Birthdate: _____
Occupation: _____ Birthdate: _____

Name: _____ Birthdate: _____
Occupation: _____ Birthdate: _____

Present Address: _____

New Address: _____

Contact Details: E-mail: _____
Home No: _____ Cell No: _____

Spousal status: I am not a spouse We are spouses of one another
 Separated Divorced

Social Insurance No: _____
Closing Date: _____
Mortgage Company: _____
Address: _____
Telephone: _____ Fax: _____
Contact Name: _____

This Year's Taxes: \$ _____ Paid \$ _____
This Year's Common
Expenses (if condo) \$ _____ Paid \$ _____

Please Return Form With:

1. Deed / Transfer of Property
2. Latest Mortgage Statement
3. Property Tax Bill
4. Survey, if applicable
5. Management Company Name & Telephone No., if condominium

PLEASE CONTACT UTILITY DEPARTMENTS AND ADVISE OF FINAL BILLING ADDRESS