



ASSIGNMENT AGREEMENT REQUEST FORM

Legal Name of Person / Builder Assigning Deposit (Assignor)	
Contact Person:	
Phone Number:	
E-mail:	
Community:	
Lot:	
Block:	
Phase:	
Plan Number:	
Legal Name of Person / Builder Being Assigned Deposit (Assignee)	
Contact Person:	
Phone Number:	
E-mail:	
Mailing Address:	
Postal Code:	
City:	
G.S.T. Number: (if applicable)	

Fill out form completely and submit via fax or email as noted below

Fax Form to:	(780) 423-0044
E-mail Form to:	mbelter@mlcland.com
Attention:	Madeline Belter