

A COOPERATIVE COMMUNITY

Reservation Agreement

Reservation #	
Name(s)	Phone
Street	
City	State Zip
Email 1	Email 2
Emergency Contact	Phone
understand: (i) that all sale procedures and pand Occupancy Agreement, which supersed (collectively the "Cooperative") keep the Lis follow the List; and (iv) the Cooperative kee facilitate the closing between the seller and remove name(s) on the List for any reason of in either case, the deposit will be fully refund	purchaser. I/we understand the Cooperative may or I/we may remove our name(s) from the List, and dable. There will be no interest paid on this deposit.
Signed	Date
Received ByApplewood Pointe	Representative
What is your move-in time frame? (circle one)	What are your unit preferences? (circle any that apply)
Less than a year	Floor: 1st 2nd 3rd 4th
1 - 2 years	Floor Plan:
More than 2 years	Facing Direction: North South East West

Please make your check payable to: Applewood Pointe Roseville

Mail to: 1480 Applewood Court, Roseville, MN 55113

Phone: 651.636.2161 • Fax: 651.636.2162 • Email: rosevilleapplewood@comcast.net

