



APPLEWOOD POINTE

EAGAN

A COOPERATIVE COMMUNITY

Reservation Agreement

Reservation # _____

Name _____ Phone _____

Street _____

City _____ State _____ Zip _____

Email _____ Alternate Phone _____

Applewood Pointe Cooperative hereby acknowledges the receipt of \$500.00. **This deposit assures priority for the selection of a home and membership in Applewood Pointe Cooperative.** This is not an agreement to complete further membership requirements and can be cancelled by either party. Upon completion of the Cancellation Form, the \$500 deposit is fully refundable at any time for any reason, and the priority is void. **Applewood Pointe is a smoke-free community, including all common areas and living units.**

Signed _____ Date _____

Received By _____ Check # _____
Applewood Pointe Representative

What are your unit preferences?

(circle any that apply)

Floor: 1st 2nd 3rd 4th

Unit Design: 2BR 2+Den 2+Sunroom

Floor Plan: _____

Please make your check payable to: **Applewood Pointe Eagan**

Mail to: 1565 Quarry Road, Eagan, MN 55121

Phone: 651.350.3800 • Email: eagan@applewoodpointe.com