



APPLEWOOD POINTE

EAGAN

A COOPERATIVE COMMUNITY

Reservation Agreement

Reservation # _____

Name _____ Phone _____

Street _____

City _____ State _____ Zip _____

Email _____ Alternate Phone _____

Applewood Pointe Cooperative of Eagan hereby acknowledges the receipt of \$500.00. **This deposit assures priority for the purchase of a Share and membership in Applewood Pointe Cooperative when notified that such has become available.** This is not an agreement to complete further membership requirements and can be cancelled at any time for any reason by either party. Upon cancellation, the \$500 deposit is fully refundable. Should Share purchase occur, the \$500 deposit is applied to Share cost.

Applewood Pointe of Eagan is a smoke-free community, including all common areas and living units.

Signed _____ Date _____

Received By _____ Check # _____
Applewood Pointe of Eagan Representative

What are your unit preferences?
(circle any that apply)

Floor: 1st 2nd 3rd 4th

Unit Design: 2BR 2BR+Den 2BR+Sunroom 2BR+Den+Sunroom

Floor Plan: _____

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

Mail to:

Applewood Pointe of Eagan

1565 Quarry Road,

Eagan, MN 55121,

ATTN: Property Manager

Phone: 651.350.3800

