



Waitlist Form

Name(s) _____

Address _____ City/State/Zip _____

Phones (all) _____

Emails (all) _____

How did you originally hear about our Cooperative? _____

Pet: Describe the type of pet (only 1 allowed) you wish to have live with you. If none, indicate N/A

Unit Type Preference

This section is optional and is for Zvago Stillwater planning purposes. It does not guarantee or obligate you to a particular unit. Please mark the type(s) of unit(s) you are interested in:

- | | | | |
|-----------------------------------|-----------------|-----------------------------------|---------------|
| <input type="checkbox"/> Birch | (1BD/1BA/Den) | <input type="checkbox"/> Myrtle | (2BD/2BA) |
| <input type="checkbox"/> Linden | (2BD/1.5BA) | <input type="checkbox"/> Maple | (2BD/2BA) |
| <input type="checkbox"/> Chestnut | (1BD/1BA/Den) | <input type="checkbox"/> Oak | (2BD/2BA) |
| <input type="checkbox"/> Cherry | (2BD/1.5BA) | <input type="checkbox"/> Sumac | (2BD/2BA/Den) |
| <input type="checkbox"/> Tamarack | (2BD/2BA) | <input type="checkbox"/> Sycamore | (2BD/2BA/Den) |
| <input type="checkbox"/> Laurel | (1BD/1.5BA/Den) | <input type="checkbox"/> Hickory | (2BD/2BA/Den) |

Waitlist Agreement

I/We hereby deposit \$200 to assure waitlist priority in the Zvago Stillwater Cooperative. I/We understand this form constitutes waitlist priority consideration in accordance with the waitlist number shown below and is NOT an agreement on my/our part to complete all membership requirements. If I/we do not wish to retain this waitlist priority, my/our deposit is FULLY refundable upon a written request, at which point my/our waitlist priority should become void. I/We understand that it is my/our responsibility to report a change of contact information. If I/We cannot be reached through the contacts provided or do not respond when notified of an available unit, my/our position on the waitlist will be forfeited. If I/We choose to decline an available unit when notified, my/our position on the list will be retained.

Signature(s) _____ Date _____

Received by _____ Waitlist Number _____

Make checks payable to: Zvago Stillwater. Send it with the completed form to: Cooperative Living Manager, Zvago Stillwater, 114 Brick St. South, Stillwater, MN 55082 | Questions? Call 651-829-0498