

WAITLIST AGREEMENT

Waitlist #	
Name	
Address	
City	State Zip
Cell Phone	Other #
Email	
Although you will be notified (in order of sign have a preference for size, location or indivi	ning up) about any unit that becomes available for resale, if you dual floor plan(s), please specify below:
ensure I (we) will be notified whenever a ho	f \$200 to be listed on Branchwood Village's priority waitlist to me here is available for resale. I understand this deposit is fully that it does not constitute any requirement of, or qualification for
Signed:	Date:

Please make checks payable to:

Village of Lawrence, Inc.

Mail to:

Branchwood Village, 651 Branchwood Dr., Lawrence, KS 66049

Phone: 785-838-3317