



## LIMITED TIME RESERVATION FORM

DATE OF RESERVATION: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

INTERESTED IN LOT # \_\_\_\_\_

PROJECTED CLOSING DATE: \_\_\_\_\_

**I HEREBY AGREE THAT I AM ABLE TO ENTER INTO A PURCHASE CONTRACT AND WILL ARRANGE THE FINANCING AND/OR DEMONSTRATE THE ABILITY TO PURCHASE IN CASH FOR CLOSING. I UNDERSTAND THAT AFTER \_\_\_\_\_ DAYS, MY RESERVATION WILL EXPIRE AND MY PREFERRED LOT WILL AGAIN BE MADE FOR SALE TO ANY INTERESTED PARTIES.**

\_\_\_\_\_  
SIGNED

\_\_\_\_\_  
SIGNED

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

**FAX TO: (480) 323-2461**