

Riverbend **PLAZA**

EXPRESSION OF INTEREST

NAME(S): _____

ADDRESS: _____

CITY/PROV: _____ POSTAL CODE: _____

PHONE NUMBER: () _____ CELL: () _____

EMAIL ADDRESS: _____

My order of preference in an apartment home at Riverbend Plaza is;

Unit Style "A" 900 SQFT

Unit Style "B" 930 SQFT

Unit Style "C" 1090 SQFT

I would like a personal tour Yes No

COMMENTS: _____

**THANK YOU FOR APPLYING
PLEASE FORWARD YOUR APPLICATION TO:
S.A.M. (MANAGEMENT) INC.
425 ELGIN AVENUE
WINNIPEG MB R3A 1P2
PH: 942-0991 FAX: 957-5829**