

Residence Preference List

Resident Name(s): _____

Date: _____

Please refer to the level plans and list the specific floor plan name and/or specific residence number in your preferred priority preference.

1. _____
RESIDENCE NAME *RESIDENCE NUMBER*

2. _____
RESIDENCE NAME *RESIDENCE NUMBER*

3. _____
RESIDENCE NAME *RESIDENCE NUMBER*

4. _____
RESIDENCE NAME *RESIDENCE NUMBER*

5. _____
RESIDENCE NAME *RESIDENCE NUMBER*

Enso VillageSM
A KENDAL® AFFILIATE

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