



TO ALL RECIPROCAL PARTICIPANTS:
INFORMATION REQUEST FORM TO INPUT A LISTING

1. OFFICE NAME: _____
2. OFFICE ADDRESS: _____

3. OFFICE PHONE NUMBER: _____
4. OFFICE FAX NUMBER: _____
5. DESIGNATED BROKER: _____
6. LISTING AGENT NAME: _____
7. LISTING AGENT PHONE/PAGER # _____
8. LISTING INPUT FEE: \$24.00 (CHECK OR MASTER/VISA CARD ONLY)
(SANDICOR MLS: \$50.00 Listing Input Fee)
9. LISTING INPUT FORM (PLEASE FILL OUT ALL REQUIRED FIELDS "R")
10. BOARD SIGNATURE/STAMP: _____ DATE: _____

****NOTE: THE LISTING BROKER/AGENT AGREE TO ABIDE BY THE
MLS®/CLAW RULES AND REGULATIONS AS THEY EXIST, AND MAY FROM
TIME-TO-TIME BE AMENDED.**