



MLS CHANGE REQUEST FORM

Fax to: 909-335-2213 or 909-797-1873

Today's Date: _____

MLS # _____ Property Address _____

Listing Agent's Name/Pub.ID _____

Please Print

Price Change From \$ _____ to \$ _____

*Expiration Date From _____ to _____

Active* _____ Backup _____ Canceled* _____ Hold _____ Leased _____
***Broker or Office Manager's signature required if listing is expired or canceled**

Property Description:

Remove: _____

Add: _____

Agent Remarks:

Remove: _____

Add: _____

Change to Pending/Back up

Pending Date _____ Est. COE Date _____ Est Price\$ _____
Est Financing _____ Est Terms _____ Est. Concession Amt\$ _____

Est. Concessions Comments: _____

Est. Selling Agent Public ID _____ DRE# _____ Office _____

Co-Selling Agent Public ID _____ DRE# _____ Office _____

Change to Sold

COE Date: _____ Sold Price\$ _____ Financing _____ Terms _____

Concessions \$ _____ Concessions Comments _____

Selling Agents Public ID _____ DRE# _____ Office _____

Co-Selling Agent Public ID _____ DRE# _____ Office _____

Agent's Signature _____

Broker/Off. Mgr Signature _____