



**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 C.L.A.W.MLS  
RULES AND REGULATIONS AS THEY EXIST AND AS MAY FROM TIME-TO-  
TIME IS AMENDED.**