



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

1. DATE: \_\_\_\_\_
2. OFFICE NAME: \_\_\_\_\_
3. OFFICE ADDRESS: \_\_\_\_\_
4. OFFICE PHONE NUMBER: \_\_\_\_\_
5. OFFICE FAX NUMBER: \_\_\_\_\_
6. DESIGNATED BROKER: \_\_\_\_\_
7. LISTING AGENT NAME: \_\_\_\_\_
8. LISTING AGENT PHONE/PAGER #: \_\_\_\_\_
9. LISTING INPUT FORM (PLEASE FILL OUT ALL REQUIRED FIELDS "R")