

Enter New Listing

Please make your selections (*red indicates required field)

<input type="radio"/> *Property Type	Mobile Home
<input type="radio"/> *County	Riverside <input type="button" value="Search County Records"/>
<input type="radio"/> APN	
<input checked="" type="checkbox"/> Autofill Tax Data	



Generated: 3/19/04 12:50pm Session Timeout in: 119 minutes

Agents/Offices | Reload Page

MLS Input Listing Pre Info (18)



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CONTACT INFO

NAME _____

CONTACT PHONE _____

FAX # _____

E-MAIL _____

PAYMENT CHECK ONE: _____ VISA _____ MASTERCARD

CC# _____ EX _____

SIGNATURE _____

Listing Information - Mobile Home

Listing Information (* indicates required field)

Listing # N/A

*Office ID *Agent ID Reciprocal Listing

Co-Office ID Co-Agent ID

*Area Click the select Area link for selections.

*Subdivision Click the Select Subdivision link for selections.

*County Riverside APN

*Address Street # - Modifier Direction Street Name Suffix Post Direction
 Unit # *City ZIP Code Cross Street
 *Map Book *Map Page *Map Coordinates

*Map Book *Map Page Top Side

*Listing Price 000

Status Active

Agreement Type
 Public Viewable
 *Show Addr to Public Yes
 *Show Addr to Clients Yes
 Picture Provided By Agent
 Photographer Instr

*Commission Selling Office Variable Rate No Comments

Bedrooms 0
 Bathrooms 0

Approx Sq Ft 0 Sq Ft Source Assessor

Lot Size Lot Size Source Assessor
 SqFt Acres

*Year Built

Listing Period *Listing Date *Expiration Date

*Occupant Type
 Occupant Name Phone to Show

Equity

\$

*Park Name

*Park Type

Spaces

#

List Price Excludes

*Showing Instructions

- Appointment Only
- Call First
- Call Listing Office
- Drive By
- Gate Pass
- Go Direct
- Key In Lstg Office
- Restricted Access
- See Remarks
- Subject to Inspec.

*Key Safe

- No Key Safe
- Supra - DAMLS
- Combo - See Remarks
- Other - See Remarks

*Key Safe Location

- Call Listing Office
- Front Door
- Front Gate
- Garage Door
- Gas Meter
- No Key Safe
- Rear Door
- See Remarks
- Side Door
- Side Gate
- Sign Post
- Vault
- Water Pipe

Sign

Enable Character Count

Marketing Remarks

(Public/Internet)
0 characters
(Maximum 1000)

Agent Remarks

0 characters

Lic 2

XX Serial #

DOH3

Lic 3

(* indicates required field)

Submit	Cancel
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OR

Save Listing as Incomplete and Exit

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MLS Listing Input Entry (20)



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Payment Authorization for Recip Listings Only Form

Please complete this form only if you are reciprocating a listing to the following MLS'. **California Desert AOR, CLAW, I-tech, Socal MLS and South Bay AOR.**

Date: _____

Address of the Property: _____

City: _____ Zip Code: _____

Listing Agent Name: _____ Phone #: _____

Office Name: _____

Listing Fee \$25.00 (includes one photo)

Listing fee includes 1st *Photo	\$25.00
_____ # of Additional *Photos @ \$5.00 \$ _____	= \$ _____

Type of Credit Card: VISA [] M/C [] AM EXP [] OPTIMA []

Card # _____ Exp. Date _____

Name as it appears on Card _____

I authorize the Association to charge my credit/ATM Card indicated above for my listing. Please make all checks payable to Tricounties.

Signature _____

PHOTOS?

E-mail photo(s) to TricoPhotos@rPartner.net. Please be sure to type in the subject line the listing address or the listing number if you have it.

Photos are attached to this form by Disk, Print or Photo Prints (if you are bringing the photos in person).

***Preferred Fax Number:** _____
Please provide a fax number in case we have questions or your listing is incomplete, thank you!

***Contact Phone Number:** _____
Please provide a phone number in case we have questions or your listing is incomplete, thank you!

Please fax this form along with the reciprocal input listing form to **(909) 594-7156** Attn. MLS Department and if you have any questions about this form please contact us at (909) 594-5992.

Thank you!