

Unknown _____ Bonds _____ Connected on
Bond _____ In Street on Bond _____ Septic
Tank _____

Storage Tank Y N Overhead Crane Y

Amp _____ v Volts _____ a

Phase _____ Rail Y N

Heating _____ Cooling Y N

Load Door Dim _____

of Docks _____ # of Wells _____

Num Grnd Level _____

Toilet Men _____ # Toilet Women _____

Foil Y N Skylights Y N

Parkings Spaces _____

Parking Ratio _____ %

Fenced Sq Ft _____

Office Sq Ft _____

of Office _____

Num Toilets Men _____

Num Toilets Women _____

Air Conditioning Y N

Heating _____

******Marketing Remarks 1000 Words Max.--Please Type or Print Neatly******

*******Agent Only Remarks 500 Words Max - Please Type or Print Neatly*******

*******Directions to Property 250 Words Max. - Please Type or Print Neatly*******

The information contained above is furnished for the sole benefit of Participants in a Multiple Listing Service. All information is intended as representative but is not guaranteed to be accurate.

Signature _____ Date _____ Signature _____ Date _____



MLS# _____ -Commercial/Industrial *=REQUIRED

Office ID* _____ Agent ID* _____ Co-Agent ID _____

Property Subtype
Primary _____ Secondary _____ Other _____

Area* _____ County* _____ Tax ID _____

Street# _____ Direction _____ Street Name _____ Suffix _____ Post ID _____ Unit# _____

City* _____ Zip _____ - _____ Cross Street _____ Map Book* _____ Map Pg* _____

Listing Price* _____ Map Coordinates Top* _____ Side* _____

Agreement Type* _____

Public Viewable Y N

Primary Picture Provided By _____
PhotoInstructions Inst Take Don't Take

Commission to S.O. _____

Variable Rate Comm Y N

Comments _____

Sq Ft. _____ Sq Ft Source A B S T O

Lot Size _____

Lot Size Source A B S T O

Yr. Built* _____ Or _____

List Date* _____

Exp Date* _____

Showing Instructions _____

Stories _____

Showing Instructions* Appt Only__ Call
List. Off__ Drive By Only__ See Remarks__ Do
Not Dis. Occupant Subj. to Inspection__

Key Safe Industrial Lock box__ No Key
Safe__ Combo See Rmrks__ MultAcc_GIV__
Supra MRMLS__ Other see rmarks__

Marketing Remarks (see attached sheet)

Agent Only Remarks (see attached sheet)

Dir. To Property (see attached sheet)

Have*Automotive__ Commer/Res__
Entertainmnt Related__ Food Related__
Indust/Light__ Indust/Heavy__
Office__ Medical__ Mixed Use__
Motel/Hotel__ Retail__
Single Purpose__ Warehouse__

\$ per Sq FT _____

Total Bldg Sq Ft _____

Loans\$ _____ Gross Equity\$ _____

Terms* All Inclusive Trust__ Cash__

Cash to New Ln__ Exchange__

FHA Loan__ Lease Option__

Owner Will Carry RFO

Subj to Court__ Submit__
Trust Conveyance__ VA No Loan__
Cal Vet Loan__ Cash to Exstng Loan__
Contract__ Fannie Mae__
Freddie Mac__ Ownr May Carry__
Probate__ Short Pay__
Subj to Other__ Trade__
VA Loan__ VA No No Loan__

Property. Features _____

Type of
Business. _____

Gross Schd. Income* \$ _____

Vacancy Allowance _____ %

Vacany Allow Dollar\$ _____

Gross Operating Inc\$ _____

Operating Expenses* _____ %

Operating Expenses\$* _____

Net Operating Inc* _____

Loan Payment \$ _____

Gross Spendable Inc \$ _____

Tax Area _____

Water Source District__ Private__
Well__ Other__

Tax Rate Year _____ Tax Rate _____ %

Land Value\$ _____

Land Percent _____ %

Improvements Amt \$ _____

Personal Prop Amt \$ _____

Pers Property Pct _____ %

Total \$ _____

Lot # _____ Block# _____

Tract# _____ Taxes (New)\$ _____

Liability Ins\$ _____

Gas & Elec\$ _____

Water\$ _____ Maint Percent _____ %

Maint Amount\$ _____

Management\$ _____

Elevator\$ _____

Gardener\$ _____

Parking Lots\$ _____ Trash\$ _____

Janitor\$ _____

Association\$ _____

Est. Operating Total\$ _____

Fin Info As of _____

Land* Fee Lease _____

Lease amt\$ _____ Lease YR. MO

Year Expires* _____

Special Study Y N

Flood Zone Y N

Slide Y N

Building Dimensions _____

Mezzanine Sq Ft _____

Land Sq Ft* _____

Land Dim _____

Construction _____

Roof* _____

Roof Age _____

Fire Sprinklers Y N

Min. Clearance Ht _____ Span _____

Yr. Refurbished _____ Bldg Permit Y N

Zoning _____ # of Bldgs _____

of Units _____

Sewer Assessments__ Cesspool__ In,
Connected & Paid__ In, Street Paid__

RECIPROCAL PARTICIPANT:
INFORMATION REQUIRED TO INPUT A LISTING

(Please print clearly or type)

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# _____



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!