



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

Show Address to Public 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 E S O T

Lot Size _____

Lot Size Source A B E O S T

Yr. Built* _____ Or _____

List Date* _____

Exp Date* _____

Showing Instructions _____

Stories _____

Price Per Sq. Ft \$ _____

To Show* Appt Only ___ Call
List. Off ___ Do Not Contact.Occupant ___ Gate
Pass ___ See Remarks ___ Vacant ___ Appt Only
W/ Occu ___ Drive By Only ___
Go Direct ___ Key in List Office ___
Subj. to Inspection ___

Key Safe* Comm Industrial Lock box ___
None ___ Other - Call List Office ___

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 ___

Lease Tvde

Percent Lease* Y N Other

Passthru Y N

Min Term _____

Min Term Yr/Mo Year ___ Mo ___

Possession _____

Property Features _____

Type of Business _____

Total Sq Ft Available _____

Tenant Pays Ada Upgrades ___ Electric ___
Air Cond. Maint ___ Enviro Phase 1 Sty ___
Exterior Maint. ___ Gardener ___ Interior
Maint. ___ Merch Assn ___ Propt Mgmnt Fee ___
Siesmic Retrofit ___ Special Insurance ___
Trash ___ Other ___ Gas ___ Insurance ___
Janitorial ___ Park Lot Maint ___ Roof
Maint ___ Sign Maint ___ Taxes ___ Water ___

Land Dimensions _____

Land Sq Ft* _____

Land Sq Ft Source A B E O S T

Zoning _____

Sewer* Assessments ___ Cesspool ___ In,
Connected & Paid ___ In, Street Paid ___
Unknown ___ Bonds ___ Connected on
Bond ___ In Street on Bond ___
Septic Tank ___

of Units _____

Total Bldg Sq Ft _____

Total Bldg Sq Source A B E O S T

Total Leasable Sqft _____

Leaseable Sqft Src A B E O S T L/L/O

of Bldgs# _____

Yr Reburshised _____

Construction Block ___ Frame & Stucco ___
Tilt Up ___ Brick ___ Metal ___ Other ___

Roof* Asphalt Shingle ___ Metal ___
Shingle- Wood ___ Other ___
Composition ___ Rock/Stone ___ Tile ___

Roof Age _____

Water Source District ___ Private ___
Well ___ Other ___

Fire Sprinklers Y N

Special Study Y N

Flood Zone Y N

Seismic Hazard Y N

Parking Spaces # _____

Parking Type _____

Parking Ratio _____ %

Plant Sq Ft _____

Plant
Heating/Cooling _____

Amps _____ Volts _____

Phase _____

of Docks ___ #of Wells ___

Num Grnd Level _____

Toilet Men ___ # Toilet Women ___

Num Toilets Men _____

Num Toilets Women _____

Skylights Y N Foil Y N

Fenced Sq Ft _____

Min. Clearance Ht _____ Span _____

#Storage Tank(s) _____

Overhead Crane Y N

Rail Y N

Office Sq Ft _____

of Offices _____

of Office Restrms _____

CommInd Lease pg.2
 Handicapped Restrmt _____
 Common Restrmt _____
 Air Conditioning Type _____
 Indrl. Heat Type _____
 Floors (Types) _____
 Window Coverings Y N
 Elevator Y N Signage Y N
 Total Ofc Sq Ft _____
 # of Offices _____
 Location Type _____ Loc W/in Bldg _____
 Heat Source _____
 A/C Source _____
 Floors Type(s)

Window Coverings Y N
 Elevator Y N Signage Y N
 # Restrmts _____
 #Handicap Restrmts _____
 #Common Restrmt _____
 Janitorial Y N
 Day/Wk _____
 Total Sq Ft _____
 Office Sq Ft _____
 Location Type _____
 Loc W/in Bldg _____
 Type of Retail _____
 Min Ceiling Ht _____
 Restricted Uses Y N Storage Y N
 Current Use _____
 Permit Y N

Improvements (Type) _____
 Traffic Count Avail Y N
 Anchor Tenant Y N
 Anchor Desc. _____
 Public Trans Y N
 A/C (Type) _____
 Heat (Type) _____
 Floor Type _____
 Window Coverings Y N
 Elevator Y N Signage Y N
 Total Restrmts _____
 Handicap Rstrmt _____
 Common Restrmt _____

******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 _____

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!