

MLS# _____



-RESIDENTIAL * =REQUIRED

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

Reciprocal Agnt. Name _____ Reciprocal List Off. _____

Recip Agnt Phone # _____ Recip L/O Phone # _____

Recip Agnt Fax # _____ Recip L/O Fax# _____

Property Subtype(s) *Primary _____ Secondary _____ Other _____

Area* _____ County* _____ APN* _____

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

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

Range Price* Y N Low Price* _____ Listing Price* _____ Map Coordinates Top* _____ Side* _____

Limited Listing Entry Only _____ Limited Service _____ Full Service _____

Agreement Type* _____

Public Viewable Y N
Show Address to Public Y N
Primary Picture Provided By _____
Photo Instructions Take Don't Take

Commission to S.O. _____

Variable Rate Comm Y N

Comments _____

Bedrms* _____ Bath* Full _____
¾ Bath _____ ½ Bath _____ ¼ Bath _____

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

Lot Size _____

Lot Size Source A B E O S T

Yr. Built* _____ Or _____

List Date* _____

Exp Date* _____

Sch. District* _____

Sch Type 1 EL MD SP HS

Sch Name _____
Bus Route _____

Sch Type 2 EL MD SP HS

Sch Name _____
Bus Route _____

Sch Type 3 EL MD SP HS

Sch Name _____
Bus Route _____

Sch Type 4 EL MD SP HS

Sch Name _____
Bus Route _____

Occupant Type* _____

Owner Name _____

Owner Phone _____ - _____ - _____

Occ. Name _____

Phone to Show _____ - _____ - _____

Show Instruct _____

Style* _____ Stories _____

Showing Instructions* Appt Only _____
Call List. Off _____ Gate Pass _____ Key In Lstg Off _____
See Remarks _____ Call 1st _____ Drive By _____
Go Direct _____ Restricted Access _____
Subj. to Inspection _____

Key Safe* No Key Safe _____ Supra Key _____
Combo -See Remarks _____ Other See Remarks _____

Key Safe Location* Call Listg Off _____
Front Gate _____ Gas Meter _____ Rear Door _____
Side Door _____ Sign Post _____ Water Pipe _____
Front Door _____ Garage Door _____ No Key Safe _____
Side Gate _____ Vault _____ See Remarks _____

Sign? Y N Termite Clearance?* Y N

Marketing Remarks (see Pg 2)

Agent Only Remarks (see Pg 2)

Dir. To Property (see Pg 2)

New Construction Y N

View* Y N Lease* Y N

Units in Develop # _____ Zoning _____

Assoc. Features _____

Bldg Desc. _____

Fixer Y N Guest House Y N

Interior/Ext. _____

Comm. Desc. _____

Lot Desc. _____

Private. Owned Rec _____

Rooms Atrium _____ Guest/Maids Qrts. _____
Walk-In Pantry _____ Tandem _____ Wine Cellar _____
Grt Rm _____ Jack & Jill _____ Loft _____ Rec Rm. _____
Utility Rm _____ Workshop _____

Den/Office* Y N Covt. Bdrm Y N

Master Suite Y N Retreat Y N

Formal Dining Rm* Y N

Walk-In Closet(s) Y N
Eat Area Area _____ Brkfst. Nook _____
Fam. Kitchen _____ In Kitchen _____ Other _____
Brkfst Counter/Bar _____ Dining Ell _____ Fam. Rm _____
Living Rm _____

Family Room* Y N Fam Rm Separate Y N
Great Rm Y N Living Rm Y N Entry Y N
Bonus Rm Y N

Special Features _____

View _____

Lot # _____ Block# _____

Tract# _____

Lt. Dimensions _____ Horse Prop Y N

Addn/Alterations Y N

Assessments Mello Roos _____ Special
Assessmnts _____ None _____ Unknown _____

Fireplace* Y N Firepl. Location: Den _____
Living Rm _____ Mastr. Retreat _____ Fam Rm _____
Mastr. Bdrm _____ Other Loc- See Rem _____

Fireplace Fuel _____

Garage Spaces# _____

Garage Descript.* _____

Garage Door Opener Y N

of Parking Spaces _____

Parking Descript* _____

Pg 2 Residential Input
 # of Carport Spaces _____
 Yard Y N Enclosed W/ _____
 Foundation Concrete Slab ___ Raised ___
 Floors _____
 Range Oven Built-In Free Stnd ___
 Built-In Gas ___ Convection ___ Elec. ___
 Free Stnd Prop. ___ Built-In Elec. ___
 Built-In Prop. ___ Double Oven ___
 Free Stnd. Gas ___ Gas/Elec. ___
 Wet Bar Y N
 Heating Type Elec. ___ Floor Furnace ___
 Heat Pump ___ Propane ___ Solar ___
 Wall Gas ___ Forced Air ___ Gravity Heating ___
 Natural Gas ___ Radiant ___ Wall Elec. ___
 Other- See Remrks ___
 Air Conditioning* Y N
 AC Type Central ___ Dual ___ Evaporative ___
 Wall Window ___ Other-See Remrks ___
 Kitchen Appliance Dishwasher ___
 Garbage Disposal ___ Refrigerator ___
 Freezer ___ Microwave ___ Trash Comp. ___
 Laundry _____
 Dryer Hookup _____

RV Access Y N Patio Y N
 Patio Type _____
 Pool* Y N Pool
 Type _____
 Spa* Y N
 Spa Descript. _____
 Roof* Composition ___ Concrete Tile ___
 Foam ___ Spanish Clay Tile ___
 Shingle-Wood ___ Other ___ Comp/Shingle ___
 Fire Retardant ___ Rock/Stone ___
 Shake-Wood ___ Tar&Gravel ___
 Sewer Assessments ___ Cesspool ___
 In, Connected & Paid ___ In, Street Paid ___
 Unknown ___ Bonds ___ Connected on
 Bond ___ In Street on Bond ___
 Septic Tank ___
 Water Source District ___ Private ___ Well ___
 Other ___
 Water Softener Y N Security Sys Y N
 Solar Heater Domestic Water ___
 Pool Heat ___ Other ___ Space Heater
 Passive ___ Spa Heat ___
 Sprinklers Front Only ___ Front& Rear ___
 Front& Side ___ Front, Side & Rear ___
 Rear Only ___ Side & Rear ___

Auto Timer Y N
 220 Volt Locations In Garage ___
 In Laundry ___ Other - See Remrks ___
 In Kitchen ___ Workshop ___
 Transfr of Possession COE ___ COE Plus ___
 COE Plus 1 ___ COE Plus 2 ___ COE Plus 3 ___
 Negotiable ___ Other -See Remrks ___
 Terms* All Inclusive Trust ___ Cash ___
 Cash to New Loan ___ Exchange ___
 FHA Loan ___ Lease Option ___
 Owner Will Carry ___ Short Pay ___
 Subj. to Other ___
 Trade ___ VA Loan ___ VA No NO Loan ___
 Cal Vet Loan ___ Cash to Exiting Ln ___
 Contract ___ Fannie Mae ___
 Freddie Mac ___ Owner May Carry ___
 REO ___ Subj. to Court ___ Submit ___
 Trust Conveyance ___ VA No Loan ___
 Land* Fee ___ Lease ___ Fee
 Lease Expires _____
 Lease Renew _____
 Lease Tranfr Amt \$ _____
 Assoc Dues # 1* \$ _____
 Assoc Dues #2 \$ _____

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#** _____

.....
A LETTER OF GOOD STANDING IS REQUIRED FROM YOUR ASSOCIATION
.....



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!