



TRI-COUNTIES ASSOCIATION OF REALTORS

ADD ADDITIONAL OFFICE FORM

\*\*\*NOT FOR AGENT USE\*\*\*  
(BROKER USE ONLY)

Current Office Name: \_\_\_\_\_

Current Broker Name: \_\_\_\_\_

ADDITIONAL Office Name: \_\_\_\_\_

ADDITIONAL Office Address: \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip Code)

ADDITIONAL Office Phone #: \_\_\_\_\_

ADDITIONAL Office Fax #: \_\_\_\_\_

\_\_\_\_\_ Change BROKER/Designated REALTOR®

From: \_\_\_\_\_  
Signature Required at bottom of form

To: \_\_\_\_\_  
Signature Required at bottom of form

\_\_\_\_\_ Other \_\_\_\_\_

Required BROKER/Designated REALTOR® Signature

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Required NEW BROKER/Designated REALTOR® Signature (if applicable)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_