



List Agent # _____

Agent Name: _____

Releasing Office Name _____

Office # _____

Address _____

Broker Name _____

Receiving Office Name _____

Office # _____

Address _____

Broker Name _____

LISTINGS TO BE TRANSFERRED

Listing # _____ PPTY Address _____

Listing # _____ PPTY Address _____

Listing # _____ PPTY Address _____

Listing # _____ PPTY Address _____

Listing # _____ PPTY Address _____

Listing # _____ PPTY Address _____

****REQUEST MUST BE SIGNED BY BOTH BROKERS AND LISTING AGENT**

Authorized Signature to Release Listing(s) Broker _____ Date _____

Authorized Signature to Accept Listing(s) Broker _____ Date _____

Authorized Signature (Agent) _____ Date _____

**Submitting this form confirms all necessary signatures of all parties affected have been obtained.
Please send the completed form via email to mls@nsdcrealtors.com. *All requests take 24-48 hours to process.**