

• Indicates Required information ( ) Indicates Maximum Choice

LISTING #

<p>_____  <b>• COUNTY</b></p> <p>_____  <b>• TAX ID#</b></p> <p>_____  <b>• Listing Office ID#</b> (Listing Office Name &amp; Phone No. including area code)</p> <p>_____  <b>• LAG-Listing Agent ID#</b> (Listing Agent Name &amp; Phone No. including area code)</p> <p>_____  <b>Co Listing Office ID#</b>      _____  <b>Co Agent - ID #</b></p> <p>_____  <b>• AREA</b>      _____  <b>• Community/District</b></p> <p>_____  <b>• Street # (HSN)</b>      _____  <b>Modifier</b></p> <p>_____  <b>• Street Name</b></p> <table style="width:100%; font-size: small;"> <tr> <td><input type="checkbox"/> Av Ct</td><td><input type="checkbox"/> Cir</td><td><input type="checkbox"/> Dr</td><td><input type="checkbox"/> Lp</td><td><input type="checkbox"/> St</td><td><input type="checkbox"/> Terr</td> <td><input type="checkbox"/> E</td><td><input type="checkbox"/> NW</td><td><input type="checkbox"/> SW</td> </tr> <tr> <td><input type="checkbox"/> Av Pl</td><td><input type="checkbox"/> Cr St</td><td><input type="checkbox"/> Dr Ct</td><td><input type="checkbox"/> Pkwy</td><td><input type="checkbox"/> St Ct</td><td><input type="checkbox"/> Wy</td> <td><input type="checkbox"/> N</td><td><input type="checkbox"/> S</td><td><input type="checkbox"/> W</td> </tr> <tr> <td><input type="checkbox"/> Ave</td><td><input type="checkbox"/> Ct</td><td><input type="checkbox"/> Hwy</td><td><input type="checkbox"/> Place</td><td><input type="checkbox"/> St Dr</td><td></td> <td><input type="checkbox"/> NE</td><td><input type="checkbox"/> SE</td><td></td> </tr> <tr> <td><input type="checkbox"/> Blvd</td><td><input type="checkbox"/> Ct Av</td><td><input type="checkbox"/> Lane</td><td><input type="checkbox"/> Rd</td><td><input type="checkbox"/> St Pl</td><td></td> <td><input type="checkbox"/> Direction</td><td></td><td></td> </tr> </table> <p>Suffix</p> <p>_____          Unit #</p> <p>_____  <b>• CITY</b></p> <p>_____  <b>• ZIP Code</b>      + 4</p> <table style="width:100%; font-size: x-small;"> <tr> <td><input type="checkbox"/> Thomas</td><td><input type="checkbox"/> RR-Mason</td><td><input type="checkbox"/> RR-Clallam</td><td><input type="checkbox"/> Tolem</td><td><input type="checkbox"/> Phoenix Yakima</td> </tr> <tr> <td><input type="checkbox"/> RR-Kitsap</td><td><input type="checkbox"/> RR-Thurston</td><td><input type="checkbox"/> RR-Grays H</td><td><input type="checkbox"/> Phoenix Grant</td><td><input type="checkbox"/> Yellow Pages</td> </tr> <tr> <td><input type="checkbox"/> RR-Jeff</td><td><input type="checkbox"/> RR-Lewis</td><td><input type="checkbox"/> Road Atlas-Clark</td><td><input type="checkbox"/> Phoenix Kittitas</td><td><input type="checkbox"/> Unknown</td> </tr> </table> <p><b>• MAP BOOK</b></p> <p>_____  <b>• Map Page</b>      _____  <b>• Top Map Coord.</b>      _____  <b>• Side Map Coord.</b>      _____</p>	<input type="checkbox"/> Av Ct	<input type="checkbox"/> Cir	<input type="checkbox"/> Dr	<input type="checkbox"/> Lp	<input type="checkbox"/> St	<input type="checkbox"/> Terr	<input type="checkbox"/> E	<input type="checkbox"/> NW	<input type="checkbox"/> SW	<input type="checkbox"/> Av Pl	<input type="checkbox"/> Cr St	<input type="checkbox"/> Dr Ct	<input type="checkbox"/> Pkwy	<input type="checkbox"/> St Ct	<input type="checkbox"/> Wy	<input type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> W	<input type="checkbox"/> Ave	<input type="checkbox"/> Ct	<input type="checkbox"/> Hwy	<input type="checkbox"/> Place	<input type="checkbox"/> St Dr		<input type="checkbox"/> NE	<input type="checkbox"/> SE		<input type="checkbox"/> Blvd	<input type="checkbox"/> Ct Av	<input type="checkbox"/> Lane	<input type="checkbox"/> Rd	<input type="checkbox"/> St Pl		<input type="checkbox"/> Direction			<input type="checkbox"/> Thomas	<input type="checkbox"/> RR-Mason	<input type="checkbox"/> RR-Clallam	<input type="checkbox"/> Tolem	<input type="checkbox"/> Phoenix Yakima	<input type="checkbox"/> RR-Kitsap	<input type="checkbox"/> RR-Thurston	<input type="checkbox"/> RR-Grays H	<input type="checkbox"/> Phoenix Grant	<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> RR-Jeff	<input type="checkbox"/> RR-Lewis	<input type="checkbox"/> Road Atlas-Clark	<input type="checkbox"/> Phoenix Kittitas	<input type="checkbox"/> Unknown	<p><b>Show Map Link (Y/N)</b>      _____ (by default 'Yes')</p> <p><b>• Listing Price</b>      _____</p> <p><b>• Internet Advertising (Y/N)</b>      _____ (by default 'Yes')</p> <p><b>Show Address to Public (Y/N)</b>      _____ (by default 'Yes')</p> <p>_____  <b>• SOC (Selling Office Com.)</b>      _____  <b>Selling Office Commission Comments</b></p> <p>_____  <b>• Number of Bedrooms</b>      _____  <b>• Total Bathrooms</b></p> <p>_____  <b>ASF - Total</b>      _____  <b>Lot Size</b>      _____  <input type="checkbox"/> Square Feet      <input type="checkbox"/> Acres</p> <p>_____  <b>• Year Built</b>      _____  <b>• Listing Date</b>      _____  <b>• Expiration Date</b>      _____</p> <p><b>• School District (see Code List)</b>      _____</p> <p>_____  <b>Elementary School</b></p> <p>_____  <b>Junior High/Middle School</b></p> <p>_____  <b>Senior High School</b></p> <p>_____  <b>• Owner's Name</b>      _____  <b>• Owner's Phone</b>      _____</p> <p><b>• Occupant Type</b> Owner/Presale/Tenant/Vacant      _____ (O/P/T/V)</p> <p>_____  <b>• Occupant's Name</b>      _____  <b>• Phone to Show</b>      _____</p> <p>_____  <b>• Owner's City and State</b></p>
<input type="checkbox"/> Av Ct	<input type="checkbox"/> Cir	<input type="checkbox"/> Dr	<input type="checkbox"/> Lp	<input type="checkbox"/> St	<input type="checkbox"/> Terr	<input type="checkbox"/> E	<input type="checkbox"/> NW	<input type="checkbox"/> SW																																												
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**Marketing Remarks.** CAUTION! The comments you make in the following lines are limited to descriptions of the land and improvements only. These remarks will appear in the client handouts and websites. (500)

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**Confidential Agent-Only Remarks.** Comments in this category are for agent's use only. (250)

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**• Driving Directions to Property (200)**

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 \_\_\_\_\_

INITIALS:

Seller

Date

Seller

Date

Agent

Date

Listing Address:

LAG #

<p><b>LOCATION</b></p> <p>CO-OP (Y/N) <input type="checkbox"/></p> <p>_____</p> <p>• <b>Building/Complex Name</b></p> <hr/> <p><b>LISTING INFORMATION</b></p> <p>• <b>Preliminary Title Ordered (Y/N)</b> <input type="checkbox"/></p> <p>_____</p> <p><b>Manager &amp; Phone No.</b></p> <p>_____</p> <p><b>Association Contact &amp; Phone No.</b></p> <p>_____</p> <p>• <b>Possession (3)</b></p> <p><input type="checkbox"/> Closing <input type="checkbox"/> Negotiable  <input type="checkbox"/> Subject to Ten Right <input type="checkbox"/> See Remarks</p> <p>• <b>Showing Information (10)</b></p> <p><input type="checkbox"/> Appointment <input type="checkbox"/> Call Listing Office  <input type="checkbox"/> Day Sleeper <input type="checkbox"/> Gate Code Needed  <input type="checkbox"/> MLS Keybox <input type="checkbox"/> Other Keybox  <input type="checkbox"/> Owner-Call First <input type="checkbox"/> Pet in House  <input type="checkbox"/> Power Off <input type="checkbox"/> Renter-Call First  <input type="checkbox"/> Security System <input type="checkbox"/> Vacant  <input type="checkbox"/> See Remarks</p> <p>• <b>Form 17 (1)</b> <input type="checkbox"/> Not Provided</p> <p><input type="checkbox"/> Provided  <input type="checkbox"/> Exempt</p> <p>• <b>Tax Year</b> _____</p> <p>• <b>Annual Taxes</b> \$ _____</p> <p>• <b>Senior Exemption</b> <input type="checkbox"/> (Y/N)</p> <p><b>Owner Occupancy - %</b> _____ %</p> <p><b>Monthly Rent - if rented</b> \$ _____</p>	<p><b>Homeowner Dues Included (6)</b></p> <p><input type="checkbox"/> Cable TV <input type="checkbox"/> Central Hot Water  <input type="checkbox"/> Earthquake Ins. <input type="checkbox"/> Garbage  <input type="checkbox"/> Water/Sewer <input type="checkbox"/> See Remarks</p> <p>• <b>Monthly Homeowner Dues</b> _____</p> <p><b>Special Assessment</b> <input type="checkbox"/> (Y/N)</p> <p><b>Spec. Assessment Amt</b> \$ _____</p> <p><b>Project Apprv by FHA</b> <input type="checkbox"/> (Y/N)</p> <p>• <b>Potential Terms (10)</b></p> <p><input type="checkbox"/> Assumable <input type="checkbox"/> Cash Out  <input type="checkbox"/> Conventional <input type="checkbox"/> Farm Home Loan  <input type="checkbox"/> FHA <input type="checkbox"/> Lease/Purchase  <input type="checkbox"/> Owner Financing <input type="checkbox"/> Rehab Loan  <input type="checkbox"/> State Bond <input type="checkbox"/> VA  <input type="checkbox"/> See Remarks</p> <p><b>SITE INFORMATION</b></p> <p><b>View (5)</b></p> <p><input type="checkbox"/> Bay <input type="checkbox"/> Canal  <input type="checkbox"/> City <input type="checkbox"/> Golf Course  <input type="checkbox"/> Jetty <input type="checkbox"/> Lake  <input type="checkbox"/> Mountain <input type="checkbox"/> Ocean  <input type="checkbox"/> Partial <input type="checkbox"/> River  <input type="checkbox"/> Sound <input type="checkbox"/> Strait  <input type="checkbox"/> Territorial <input type="checkbox"/> See Remarks</p> <p><b>Lot Details (6)</b></p> <p><input type="checkbox"/> Alley <input type="checkbox"/> Corner Lot  <input type="checkbox"/> Cul-de-sac <input type="checkbox"/> Curbs  <input type="checkbox"/> Dead End Street <input type="checkbox"/> High Voltage Line  <input type="checkbox"/> Open Space <input type="checkbox"/> Paved Street  <input type="checkbox"/> Secluded <input type="checkbox"/> Sidewalk</p> <p><b>Waterfront (5)</b></p> <p><input type="checkbox"/> Bank-High <input type="checkbox"/> Bank-Low  <input type="checkbox"/> Bank-Medium <input type="checkbox"/> No Bank  <input type="checkbox"/> Bay <input type="checkbox"/> Bulkhead  <input type="checkbox"/> Canal <input type="checkbox"/> Creek  <input type="checkbox"/> Jetty <input type="checkbox"/> Lake  <input type="checkbox"/> Ocean <input type="checkbox"/> River  <input type="checkbox"/> Saltwater <input type="checkbox"/> Sound  <input type="checkbox"/> Strait</p>	<p><b>Common Property Features (14)</b></p> <p><input type="checkbox"/> Age Restriction <input type="checkbox"/> Athletic Court  <input type="checkbox"/> Cable TV <input type="checkbox"/> Club House  <input type="checkbox"/> Boat House <input type="checkbox"/> Disabled Access  <input type="checkbox"/> Elevator <input type="checkbox"/> Exercise Room  <input type="checkbox"/> Fire Sprinklers <input type="checkbox"/> Game/Rec Rm  <input type="checkbox"/> Golf Course <input type="checkbox"/> High Speed Int Avail  <input type="checkbox"/> Hot Tub <input type="checkbox"/> Laundry Room  <input type="checkbox"/> Lobby Entrance <input type="checkbox"/> Moorage  <input type="checkbox"/> Outside Entry <input type="checkbox"/> Pool-Indoor  <input type="checkbox"/> Pool-Outdoor <input type="checkbox"/> RV Parking  <input type="checkbox"/> Sauna <input type="checkbox"/> Security Gate  <input type="checkbox"/> Trails <input type="checkbox"/> See Remarks</p> <p>• <b>Parking Types (4)</b></p> <p><input type="checkbox"/> Common Garage <input type="checkbox"/> Individual Garage  <input type="checkbox"/> Carport <input type="checkbox"/> Uncovered  <input type="checkbox"/> Off-Street Parking <input type="checkbox"/> None</p> <p><b>No. of Assigned Parking Spaces</b> _____</p> <p>_____</p> <p><b>Parking Space Nos.</b></p> <hr/> <p><b>BUILDING INFORMATION</b></p> <p>• <b>Cats/Dogs (3)</b></p> <p><input type="checkbox"/> Cats Only <input type="checkbox"/> Dogs Only  <input type="checkbox"/> No Dogs or Cats <input type="checkbox"/> No Restrictions  <input type="checkbox"/> Subj. to Restrictions <input type="checkbox"/> See Remarks</p> <p>• <b>Number of Access Stairs</b> _____</p> <p>• <b>STYLE Code</b> _____</p> <p><b>New Construction</b> <input type="checkbox"/></p> <p>U=Under Construction, P=Presale, C=Completed</p> <p><b>Remodeled/Updated (Y/N)</b> <input type="checkbox"/></p> <p><b>Environmental Cert (5)</b></p> <p><input type="checkbox"/> Built Green <input type="checkbox"/> ENERGY STAR  <input type="checkbox"/> LEED <input type="checkbox"/> Third Party Verif.  <input type="checkbox"/> Other-See Remarks</p> <p>• <b>Roof (3)</b></p> <p><input type="checkbox"/> Built-up <input type="checkbox"/> Cedar Shake  <input type="checkbox"/> Composition <input type="checkbox"/> Flat  <input type="checkbox"/> Metal <input type="checkbox"/> Tile  <input type="checkbox"/> Torch Down <input type="checkbox"/> See Remarks</p>
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INITIALS:

Seller \_\_\_\_\_ Date \_\_\_\_\_ Seller \_\_\_\_\_ Date \_\_\_\_\_ Agent \_\_\_\_\_ Date \_\_\_\_\_

