



3001 S.R. 19  
Tavares, FL 32778

352-343-3003  
352-343-7876 (fax)

membership@ralsc.org

## Listing Transfer Request

MLS # \_\_\_\_\_ Address \_\_\_\_\_

Seller Signature \_\_\_\_\_ Seller Signature \_\_\_\_\_

MLS # \_\_\_\_\_ Address \_\_\_\_\_

Seller Signature \_\_\_\_\_ Seller Signature \_\_\_\_\_

MLS # \_\_\_\_\_ Address \_\_\_\_\_

Seller Signature \_\_\_\_\_ Seller Signature \_\_\_\_\_

MLS # \_\_\_\_\_ Address \_\_\_\_\_

Seller Signature \_\_\_\_\_ Seller Signature \_\_\_\_\_

MLS # \_\_\_\_\_ Address \_\_\_\_\_

Seller Signature \_\_\_\_\_ Seller Signature \_\_\_\_\_

MLS # \_\_\_\_\_ Address \_\_\_\_\_

Seller Signature \_\_\_\_\_ Seller Signature \_\_\_\_\_

**By signing this form, all parties agree and give permission to the REALTORS® Association of Lake & Sumter Counties to transfer said listings. (It may take up to 48 business hours from time of receipt to complete this request.)**

Original Agent Name \_\_\_\_\_ Agent ID \_\_\_\_\_

Original Listing Office \_\_\_\_\_ Office ID \_\_\_\_\_

Original Broker's MLS # \_\_\_\_\_ Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

New Agent Name \_\_\_\_\_ Agent ID \_\_\_\_\_

New Listing Office \_\_\_\_\_ Office ID \_\_\_\_\_

New Broker's MLS # \_\_\_\_\_ Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

**Transfer fee: \$5.00 per listing**

**Payment**

Check    Cash    MasterCard    VISA    AMEX    Discover

Account #: \_\_\_\_\_ Exp. date: \_\_\_\_\_

Cardholder's name: \_\_\_\_\_

Cardholder's signature: \_\_\_\_\_