

Please complete this form and submit to your listing manager.



Office, Agent and Listing Information

Today's Date: / /	<input type="radio"/> New Listing	<input type="radio"/> Change To Existing Listing
Office Name & Listing Agent		
Listing Address:		
MLS Listing #:		

Appointment Basics

Appointment Type: Please select 1 (X)

Appointment Required Confirm w/ ANY Appointment Required Confirm w/ ALL
 Courtesy Call Show & Go Refer to Listing Agent

<p>Allow Overlapping Appointments? Select 1 (X)</p> <p> <input type="checkbox"/> Yes – No need to inform the showing agents <input type="checkbox"/> Yes – Please tell the showing agent ahead of time <input type="checkbox"/> No – Exclusive showings only </p>	<p>Scheduling Permissions: Circle all that apply</p> <p> Allow Online Appt. Requests? <input type="radio"/> Yes <input type="radio"/> No Requires Spanish-Speaking staff? <input type="radio"/> Yes <input type="radio"/> No Allow Inspections? <input type="radio"/> Yes <input type="radio"/> No Allow Appraisals? <input type="radio"/> Yes <input type="radio"/> No </p>
--	--

Contact Details (Including Listing Agents, Owners and Tenants)

Call 1 st	Name	Phone	Email
	<input type="checkbox"/> Owner <input type="checkbox"/> Occupant <input type="checkbox"/> Agent <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Office		
	Can Confirm Appts By <input type="checkbox"/> Text Message <input type="checkbox"/> Email <input type="checkbox"/> Phone	Notify of Confirmed/Cancelled Appts By <input type="checkbox"/> Text Message <input type="checkbox"/> Email <input type="checkbox"/> Phone	

Call 2 nd	Name	Phone	Email
	<input type="checkbox"/> Owner <input type="checkbox"/> Occupant <input type="checkbox"/> Agent <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Office		
	Can Confirm Appts By <input type="checkbox"/> Text Message <input type="checkbox"/> Email <input type="checkbox"/> Phone	Notify of Confirmed/Cancelled Appts By <input type="checkbox"/> Text Message <input type="checkbox"/> Email <input type="checkbox"/> Phone	

Call 3 rd	Name	Phone	Email
	<input type="checkbox"/> Owner <input type="checkbox"/> Occupant <input type="checkbox"/> Agent <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Office		
	Can Confirm Appts By <input type="checkbox"/> Text Message <input type="checkbox"/> Email <input type="checkbox"/> Phone	Notify of Confirmed/Cancelled Appts By <input type="checkbox"/> Text Message <input type="checkbox"/> Email <input type="checkbox"/> Phone	

Lockbox and Security System

<p>Select Lockbox Type:</p> <p> <input type="radio"/> Combo <input type="radio"/> Supra <input type="radio"/> SentiLock <input type="radio"/> Risco <input type="radio"/> Other <input type="radio"/> None </p>	Disarm Code: _____ Arm Code: _____ Passcode: _____
Combination or Serial #: _____	
Lockbox Notes: _____	Security System Notes: _____

Showing Restrictions

Required Lead Time: _____ Hour(s) Suggested Lead Time: _____ Hour(s)	<p><u>Date Restriction</u></p> Date: _____ Time: _____
---	---

Additional Instructions

Notes for Appt. Staff:	Notes for Showing Agent: