



3001 S.R. 19  
Tavares, FL 32778

352-343-3003

membership@ralsc.org

## Listing Transfer Request

MLS # _____	Address _____	MLS # _____	Address _____
Seller Signature _____	Seller Signature _____	Seller Signature _____	Seller Signature _____
MLS # _____	Address _____	MLS # _____	Address _____
Seller Signature _____	Seller Signature _____	Seller Signature _____	Seller Signature _____
MLS # _____	Address _____	MLS # _____	Address _____
Seller Signature _____	Seller Signature _____	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**

<b>Payment</b>	<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
	Account #: _____ Exp. date: _____
	Cardholder's name: _____
	Cardholder's signature: _____