



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 _____	Date _____
New Agent Name _____		Agent ID _____	
New Listing Office _____		Office ID _____	
New Broker's MLS # _____	Printed Name _____	Signature _____	Date _____

Transfer Fee: \$5.00 per listing.

The invoice will be emailed to you, and **we request your prompt payment**