



3001 S.R. 19  
Tavares, FL 32778

352-343-3003

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 \_\_\_\_\_ Date \_\_\_\_\_

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

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

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