



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 _____

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 _____