



Office ID* _____ Agent ID* _____ Co-Agent ID _____
Property Subtype _____
Primary _____ Secondary _____ Other _____
Area* _____ County* _____ APN* _____

Street# _____ Direction _____ Street Name _____ Suffix _____ Post ID _____ Unit# _____

City* _____ Zip _____ - _____ Cross Street _____ Map Book* _____ Map Pg* _____

Listing Price* _____ Map Coordinates Top* _____ Side* _____

Agreement Type* _____
Public Viewable Y N
Show Address to Public Y N
Primary Picture Provided By _____
PhotoInstructions Inst Take Don't Take
Commission to S.O. _____
Variable Rate Comm Y N
Comments _____

Sq Ft. _____ Sq Ft Source A B E S O T

Lot Size _____

Lot Size Source A B E O S T

Yr. Built* _____ Or _____

List Date* _____

Exp Date* _____

Showing Instructions _____

Stories _____

Price Per Sq. Ft \$ _____

To Show* Appt Only _____ Call
List. Off _____ Do Not Contact. Occupant _____ Gate
Pass _____ See Remarks _____ Vacant _____ Appt Only
W/ Occu _____ Drive By Only _____
Go Direct _____ Key in List Office _____
Subj. to Inspection _____

Key Safe* Comm Industrial Lock box _____
None _____ Other - Call List Office _____

Marketing Remarks (see attached sheet)

Agent Only Remarks (see attached sheet)

Dir. To Property (see attached sheet)

Have*Automotive _____ Commer/Res _____
Entertainmnt Related _____ Food Related _____
Indust/Light _____ Indust/Heavy _____
Office _____ Medical _____ Mixed Use _____
Motel/Hotel _____ Retail _____
Single Purpose _____ Warehouse _____

Lease Type _____

Percent Lease* Y N Other
Passthru Y N
Min Term _____
Min Term Yr/Mo Year _____ Mo _____
Possession _____
Property Features _____
Type of Business _____
Total Sq Ft Available _____
Tenant Pays Ada Upgrades _____ Electric _____
Air Cond. Maint _____ Enviro Phase 1 Sty _____
Exterior Maint. _____ Gardener _____ Interior
Maint. _____ Merch Assn _____ Propt Mgmt Fee _____
Siesmic Retrofit _____ Special Insurance _____
Trash _____ Other _____ Gas _____ Insurance _____
Janitorial _____ Park Lot Maint _____ Roof
Maint _____ Sign Maint _____ Taxes _____ Water _____

Land Dimensions _____

Land Sq Ft* _____

Land Sq Ft Source A B E O S T

Zoning _____

Sewer* Assessments _____ Cesspool _____ In,
Connected & Paid _____ In, Street Paid _____
Unknown _____ Bonds _____ Connected on
Bond _____ In Street on Bond _____
Septic Tank _____

of Units _____

Total Bldg Sq Ft _____

Total Bldg Sq Source A B E O S T

Total Leasable Sqft _____

Leaseable Sqft Src A B E O S T L/L/O

of Bldgs# _____

Yr Reburshised _____

Construction Block _____ Frame & Stucco _____
Tilt Up _____ Brick _____ Metal _____ Other _____

Roof* Asphalt Shingle _____ Metal _____
Shingle- Wood _____ Other _____
Composition _____ Rock/Stone _____ Tile _____

Roof Age _____
Water Source District _____ Private _____
Well _____ Other _____
Fire Sprinklers Y N
Special Study Y N
Flood Zone Y N
Seismic Hazard Y N
Parking Spaces # _____
Parking Type _____

Parking Ratio _____ %

Plant Sq Ft _____

Plant Heating/Cooling _____

Amps _____ Volts _____

Phase _____

of Docks _____ #of Wells _____

Num Grnd Level _____

Toilet Men _____ # Toilet Women _____

Num Toilets Men _____

Num Toilets Women _____

Skylights Y N Foil Y N

Fenced Sq Ft _____

Min. Clearance Ht _____ Span _____

#Storage Tank(s) _____

Overhead Crane Y N

Rail Y N

Office Sq Ft _____

of Offices _____

of Office Restrtrms _____

CommInd Lease pg.2
 Handicapped Restrms _____
 Common Restrms _____
 Air Conditioning Type _____
 Indri. Heat Type _____
 Floors (Types) _____
 Window Coverings Y N
 Elevator Y N Signage Y N
 Total Ofc Sq Ft _____
 # of Offices _____
 Location Type ___ Loc W/in Bldg _____
 Heat Source _____
 A/C Source _____
 Floors Type(s) _____

Window Coverings Y N
 Elevator Y N Signage Y N
 # Restrms _____
 #Handicap Restrms _____
 #Common Restrms _____
 Janitorial Y N
 Day/Wk _____
 Total Sq Ft _____
 Office Sq Ft _____
 Location Type _____
 Loc W/in Bldg _____
 Type of Retail _____
 Min Ceiling Ht _____
 Restricted Uses Y N Storage Y N
 Current Use _____
 Permit Y N

Improvements (Type) _____
 Traffic Count Avail Y N
 Anchor Tenant Y N
 Anchor Desc. _____
 Public Trans Y N
 A/C (Type) _____
 Heat (Type) _____
 Floor Type _____
 Window Coverings Y N
 Elevator Y N Signage Y N
 Total Restrms _____
 Handicap Rstrm _____
 Common Restrms _____

******Marketing Remarks 1000 Words Max.--Please Type or Print Neatly******

*******Agent Only Remarks 500 Words Max - Please Type or Print Neatly*******

*******Directions to Property 250 Words Max. - Please Type or Print Neatly*******

The information contained above is furnished for the sole benefit of Participants in a Multiple Listing Service. All information is intended as representative but is not guaranteed to be accurate.

Signature _____ Date _____ Signature _____ Date _____