



Office ID* _____ Agent ID* _____ Co-Agent ID _____

Reciprocal Agnt. Name _____ Reciprocal List Off. _____

Recip Agnt Phone # _____ Recip L/O Phone # _____

Recp Agnt Fax # _____ Recip L/O Fax# _____

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 Restrms _____
 CommInd Lease pg.2
 Handicapped Restrms _____
 Common Restrms _____
 Air Conditioning Type _____
 Indrl. 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 Rstrms _____
 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 _____



PASADENA-FOOTHILLS ASSOCIATION OF REALTORS®

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E-mail: admin@pfar.org
www.pfar.org

3608 Foothill Boulevard
La Crescenta, California 91214
(818) 248-0064 Fax (818) 248-0188

LISTING PAYMENT FORM

Listing Address _____ List # _____

Listing Input Fees

Residential	\$ 18.00
Lots & Land	18.00
Residential Inc.	35.00
Commercial	35.00

Listing Change 7.00

Photos 7.00 each Photos may be e-mailed to Janet@pfar.org, Jessie@pfar.org, or Janis@pfar.org

PHOTOS MUST BE SUBMITTED WITHIN 48 HOURS (MAXIMUM 10 PHOTOS)*
NOTE: IMRMLS & SOUTHLAND REGIONAL (CHRISNET) REQUIRE 1 PHOTO
(THE SIZE RESTRICTION IS 500K FILE SIZE OR LESS IN JPG FILE FORM)

NO LISTNGS WILL BE PROCESSED WITHOUT METHOD OF PAYMENT

Please Print:

Name: _____ Ph# _____

Visa or MasterCard# _____ Exp.Date _____

Signature _____ Agent# _____

*OVER 10 PHOTOS WILL BE \$10.00 EACH