

OFFICE CHANGE FORM

OLD INFORMATION:

FILE UNDER: _____
OFFICE NAME: _____
PHYSICAL ADDRESS: _____
CITY/STATE/ZIP: _____
MAILING ADDRESS: (if different) _____
CITY/STATE/ZIP: _____
OFFICE PHONE: _____
OFFICE FAX: _____
DESIGNATED REALTOR: _____
OFFICE MANAGER: _____
OFFICE E-MAIL: _____
Other: _____

NEW INFORMATION:

OFFICE NAME: _____
PHYSICAL ADDRESS: _____
CITY/STATE/ZIP: _____
MAILING ADDRESS: (if different) _____
CITY/STATE/ZIP: _____
OFFICE PHONE: _____
OFFICE FAX: _____
DESIGNATED REALTOR: _____
OFFICE MANAGER: _____
OFFICE E-MAIL: _____
Other: _____

OFFICE USE ONLY

DATE _____

MLS: _____
Supra: _____
MMSI: _____
Agents pref: _____

Email List: _____
bcsrealtor.com _____
NRDS: _____
Board & Committees: _____