

|                                                 |                     |             |                        |
|-------------------------------------------------|---------------------|-------------|------------------------|
| AGENT & STATUS INFO                             | GENERAL INFORMATION | DESCRIPTION | ADDITIONAL INFORMATION |
| UTILITIES, ASSUMPTIONS, & FINANCIAL INFORMATION | ROOMS & BATHS       | REMARKS     | LOCKBOX                |

|                                                                                                                          |                              |
|--------------------------------------------------------------------------------------------------------------------------|------------------------------|
| <b>Status Information</b>                                                                                                |                              |
| <input checked="" type="radio"/> <b>MLS Status:</b> <input type="checkbox"/> Coming Soon <input type="checkbox"/> Active | <b>Expected Active Date:</b> |
| <input checked="" type="radio"/> <b>Office Exclusive:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No       |                              |

|                                                        |                          |
|--------------------------------------------------------|--------------------------|
| <b>Agent Information</b>                               |                          |
| <input checked="" type="radio"/> <b>List Agent ID:</b> | <b>Co List Agent ID:</b> |

## GENERAL INFORMATION

|                                                 |                     |             |                        |
|-------------------------------------------------|---------------------|-------------|------------------------|
| AGENT & STATUS INFO                             | GENERAL INFORMATION | DESCRIPTION | ADDITIONAL INFORMATION |
| UTILITIES, ASSUMPTIONS, & FINANCIAL INFORMATION | ROOMS & BATHS       | REMARKS     | LOCKBOX                |

|                                                              |                    |                                                      |                                                 |
|--------------------------------------------------------------|--------------------|------------------------------------------------------|-------------------------------------------------|
| <b>Location Information</b>                                  |                    |                                                      |                                                 |
| <input checked="" type="radio"/> <b>Street #:</b>            | <b>Dir Prefix:</b> | <input checked="" type="radio"/> <b>Street Name:</b> | <b>Street Suffix:</b>                           |
| <b>Dir Suffix:</b>                                           | <b>Unit #:</b>     | <input checked="" type="radio"/> <b>State:</b>       | <input checked="" type="radio"/> <b>County:</b> |
| <b>Municipality/Township:</b>                                |                    | <b>Neighborhood:</b>                                 |                                                 |
| <b>Building Name:</b>                                        |                    | <input checked="" type="radio"/> <b>MLS Area:</b>    |                                                 |
| <input checked="" type="radio"/> <b>Subdivision/Complex:</b> |                    |                                                      |                                                 |
| <input checked="" type="radio"/> <b>Zip Code:</b>            | <b>+4:</b>         | <b>Cross Street:</b>                                 |                                                 |

|                                                                                                                                                                                                                                                                                                                                                                |                                            |                                                                                                                      |                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>Listing Information</b>                                                                                                                                                                                                                                                                                                                                     |                                            |                                                                                                                      |                                               |
| <b>Property Sub Type:</b> <input type="checkbox"/> Business <input type="checkbox"/> Deeded Parking <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Industrial <input type="checkbox"/> Mixed Use<br><input type="checkbox"/> Office <input type="checkbox"/> Retail <input type="checkbox"/> Unimproved Land <input type="checkbox"/> Warehouse |                                            |                                                                                                                      |                                               |
| <input checked="" type="radio"/> <b>List Price:</b>                                                                                                                                                                                                                                                                                                            |                                            |                                                                                                                      |                                               |
| <input checked="" type="radio"/> <b>Listing Contract Date:</b>                                                                                                                                                                                                                                                                                                 |                                            | <input checked="" type="radio"/> <b>Expiration Date:</b>                                                             |                                               |
| <input checked="" type="radio"/> <b>Listing Agreement:</b> <input type="checkbox"/> Exclusive Agency <input type="checkbox"/> Exclusive Right to Sell <input type="checkbox"/> Net <input type="checkbox"/> Open<br><input type="checkbox"/> Probate <input type="checkbox"/> Purchaser Exemptions <input type="checkbox"/> Transaction Brokerage              |                                            |                                                                                                                      |                                               |
| <input checked="" type="radio"/> <b>Listing Service Type:</b> <input type="checkbox"/> Entry Only <input type="checkbox"/> Full Service <input type="checkbox"/> Limited Service                                                                                                                                                                               |                                            |                                                                                                                      |                                               |
| <b>Special Listing Conditions:</b>                                                                                                                                                                                                                                                                                                                             |                                            |                                                                                                                      |                                               |
| <input type="checkbox"/> Auction                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> In Foreclosure    | <input type="checkbox"/> Probate Listing                                                                             | <input type="checkbox"/> Standard             |
| <input type="checkbox"/> Bankruptcy Property                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Listed As Is      | <input type="checkbox"/> Real Estate Owned                                                                           | <input type="checkbox"/> Third Party Approval |
| <input type="checkbox"/> HUD Owned                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Notice of Default | <input type="checkbox"/> Short Sale                                                                                  |                                               |
| <b>Owner's Name:</b>                                                                                                                                                                                                                                                                                                                                           |                                            | <b>Owner's Phone:</b>                                                                                                |                                               |
| <b>Occupant Name:</b>                                                                                                                                                                                                                                                                                                                                          |                                            | <b>Occupant Type:</b> <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Vacant |                                               |
| <input checked="" type="radio"/> <b>Licensee Assisting Seller:</b> <input type="checkbox"/> Designated Agent <input type="checkbox"/> Seller's Agent <input type="checkbox"/> Transaction Brokerage                                                                                                                                                            |                                            |                                                                                                                      |                                               |
| <b>Auction:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                       |                                            | <b>Land Lease:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                          |                                               |

|                                                                                                                                                                                                                                   |  |                               |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------|--|
| <b>General Listing Information</b>                                                                                                                                                                                                |  |                               |  |
| <b>First Floor Area:</b>                                                                                                                                                                                                          |  | <b>Second Floor Area:</b>     |  |
| <b>Building Area Total:</b>                                                                                                                                                                                                       |  |                               |  |
| <b>Building Area Units:</b> <input type="checkbox"/> Square Feet <input type="checkbox"/> Square Meters <input type="checkbox"/> Acres                                                                                            |  |                               |  |
| <b>Leasable Area:</b>                                                                                                                                                                                                             |  |                               |  |
| <b>Leasable Area Units:</b> <input type="checkbox"/> Square Feet <input type="checkbox"/> Square Meters <input type="checkbox"/> Acres                                                                                            |  |                               |  |
| <b>Lot Size Acres:</b>                                                                                                                                                                                                            |  |                               |  |
| <b>Lot Size Source:</b> <input type="checkbox"/> Appraiser <input type="checkbox"/> Builder <input type="checkbox"/> Other <input type="checkbox"/> Owner <input type="checkbox"/> Public Records <input type="checkbox"/> Survey |  |                               |  |
| <b>Office Area:</b>                                                                                                                                                                                                               |  | <b>Paved Area Dimensions:</b> |  |
|                                                                                                                                                                                                                                   |  | <b>Retail Area:</b>           |  |

**® Business Type:**

- |                                                     |                                                  |                                                  |                                               |
|-----------------------------------------------------|--------------------------------------------------|--------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Accounting                 | <input type="checkbox"/> Computer                | <input type="checkbox"/> Gift Shop               | <input type="checkbox"/> Parking              |
| <input type="checkbox"/> Administrative and Support | <input type="checkbox"/> Construction/Contractor | <input type="checkbox"/> Grocery                 | <input type="checkbox"/> Pet Store            |
| <input type="checkbox"/> Advertising                | <input type="checkbox"/> Convalescent            | <input type="checkbox"/> Hardware                | <input type="checkbox"/> Photographer         |
| <input type="checkbox"/> Agriculture                | <input type="checkbox"/> Convenience Store       | <input type="checkbox"/> Health Food             | <input type="checkbox"/> Pizza                |
| <input type="checkbox"/> Animal Grooming            | <input type="checkbox"/> Dance Studio            | <input type="checkbox"/> Health Services         | <input type="checkbox"/> Printing             |
| <input type="checkbox"/> Appliances                 | <input type="checkbox"/> Decorator               | <input type="checkbox"/> Hobby                   | <input type="checkbox"/> Professional Service |
| <input type="checkbox"/> Aquarium Supplies          | <input type="checkbox"/> Deli/Catering           | <input type="checkbox"/> Home Cleaner            | <input type="checkbox"/> Professional/Office  |
| <input type="checkbox"/> Arts and Entertainment     | <input type="checkbox"/> Dental                  | <input type="checkbox"/> Hospitality             | <input type="checkbox"/> Real Estate          |
| <input type="checkbox"/> Athletic                   | <input type="checkbox"/> Distribution            | <input type="checkbox"/> Hotel/Motel             | <input type="checkbox"/> Recreation           |
| <input type="checkbox"/> Auto Dealer                | <input type="checkbox"/> Doughnut                | <input type="checkbox"/> Ice Cream/Frozen Yogurt | <input type="checkbox"/> Rental               |
| <input type="checkbox"/> Automotive                 | <input type="checkbox"/> Drugstore               | <input type="checkbox"/> Industrial              | <input type="checkbox"/> Residential          |
| <input type="checkbox"/> Bakery                     | <input type="checkbox"/> Dry Cleaner             | <input type="checkbox"/> Jewelry                 | <input type="checkbox"/> Restaurant           |
| <input type="checkbox"/> Bar/Tavern/Lounge          | <input type="checkbox"/> Education/School        | <input type="checkbox"/> Landscaping             | <input type="checkbox"/> Retail               |
| <input type="checkbox"/> Barber/Beauty              | <input type="checkbox"/> Electronics             | <input type="checkbox"/> Laundromat              | <input type="checkbox"/> Saddlery/Harness     |
| <input type="checkbox"/> Bed & Breakfast            | <input type="checkbox"/> Employment              | <input type="checkbox"/> Liquor Store            | <input type="checkbox"/> Sporting Goods       |
| <input type="checkbox"/> Books/Cards/Stationary     | <input type="checkbox"/> Farm                    | <input type="checkbox"/> Locksmith               | <input type="checkbox"/> Storage              |
| <input type="checkbox"/> Butcher                    | <input type="checkbox"/> Fast Food               | <input type="checkbox"/> Manufacturing           | <input type="checkbox"/> Toys                 |
| <input type="checkbox"/> Cabinets                   | <input type="checkbox"/> Financial               | <input type="checkbox"/> Medical                 | <input type="checkbox"/> Transportation       |
| <input type="checkbox"/> Candy/Cookie               | <input type="checkbox"/> Fitness                 | <input type="checkbox"/> Mixed                   | <input type="checkbox"/> Travel               |
| <input type="checkbox"/> Car Wash                   | <input type="checkbox"/> Florist/Nursery         | <input type="checkbox"/> Mobile/Trailer Park     | <input type="checkbox"/> Upholstery           |
| <input type="checkbox"/> Carpet/Tile                | <input type="checkbox"/> Food & Beverage         | <input type="checkbox"/> Music                   | <input type="checkbox"/> Utility              |
| <input type="checkbox"/> Child Care                 | <input type="checkbox"/> Forest Reserve          | <input type="checkbox"/> Nursing Home            | <input type="checkbox"/> Variety              |
| <input type="checkbox"/> Church                     | <input type="checkbox"/> Franchise               | <input type="checkbox"/> Office Supply           | <input type="checkbox"/> Video                |
| <input type="checkbox"/> Clothing                   | <input type="checkbox"/> Furniture               | <input type="checkbox"/> Other                   | <input type="checkbox"/> Wallpaper            |
| <input type="checkbox"/> Commercial                 | <input type="checkbox"/> Gas Station             | <input type="checkbox"/> Paints                  | <input type="checkbox"/> Warehouse            |
|                                                     |                                                  |                                                  | <input type="checkbox"/> Wholesale            |

**Business Name:****® Current Use:**

- |                                            |                                                  |                                           |                                        |
|--------------------------------------------|--------------------------------------------------|-------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Agricultural      | <input type="checkbox"/> Highway/Tourist Service | <input type="checkbox"/> Nursery          | <input type="checkbox"/> RV Park       |
| <input type="checkbox"/> Automotive        | <input type="checkbox"/> Horses                  | <input type="checkbox"/> Nursing Home     | <input type="checkbox"/> See Remarks   |
| <input type="checkbox"/> Bar/Tavern/Lounge | <input type="checkbox"/> Hotel/Motel             | <input type="checkbox"/> Office           | <input type="checkbox"/> Services      |
| <input type="checkbox"/> Car Wash          | <input type="checkbox"/> Hunting                 | <input type="checkbox"/> Orchard          | <input type="checkbox"/> Single Family |
| <input type="checkbox"/> Cattle            | <input type="checkbox"/> Industrial              | <input type="checkbox"/> Other            | <input type="checkbox"/> Subdivision   |
| <input type="checkbox"/> Church            | <input type="checkbox"/> Investment              | <input type="checkbox"/> Pasture          | <input type="checkbox"/> Timber        |
| <input type="checkbox"/> Commercial        | <input type="checkbox"/> Laundromat              | <input type="checkbox"/> Place of Worship | <input type="checkbox"/> Tree Farm     |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Livestock               | <input type="checkbox"/> Plantable        | <input type="checkbox"/> Truck Garage  |
| <input type="checkbox"/> Dairy             | <input type="checkbox"/> Manufactured Home       | <input type="checkbox"/> Poultry          | <input type="checkbox"/> Unimproved    |
| <input type="checkbox"/> Education/School  | <input type="checkbox"/> Manufactured Home Park  | <input type="checkbox"/> Ranch            | <input type="checkbox"/> Vacant        |
| <input type="checkbox"/> Farm              | <input type="checkbox"/> Manufacturing           | <input type="checkbox"/> Recreational     | <input type="checkbox"/> Vineyard      |
| <input type="checkbox"/> Fishery           | <input type="checkbox"/> Medical/Dental          | <input type="checkbox"/> Residential      | <input type="checkbox"/> Warehouse     |
| <input type="checkbox"/> Garage            | <input type="checkbox"/> Meeting Hall            | <input type="checkbox"/> Restaurant       | <input type="checkbox"/> Wholesale     |
| <input type="checkbox"/> Gas Station       | <input type="checkbox"/> Mini-Storage            | <input type="checkbox"/> Retail           |                                        |
| <input type="checkbox"/> Grazing           | <input type="checkbox"/> Mixed Use               | <input type="checkbox"/> Retreat          |                                        |
| <input type="checkbox"/> Grocery           | <input type="checkbox"/> Multi-Family            | <input type="checkbox"/> Row Crops        |                                        |

**Possible Use:**

- |                                            |                                      |                                               |                                              |                                      |
|--------------------------------------------|--------------------------------------|-----------------------------------------------|----------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Automotive        | <input type="checkbox"/> Gas Station | <input type="checkbox"/> Livestock            | <input type="checkbox"/> Professional/Office | <input type="checkbox"/> See Remarks |
| <input type="checkbox"/> Commercial        | <input type="checkbox"/> Grocery     | <input type="checkbox"/> Manufactured Home    | <input type="checkbox"/> Recreational        | <input type="checkbox"/> Warehouse   |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Horses      | <input type="checkbox"/> Manufacturing        | <input type="checkbox"/> Residential         | <input type="checkbox"/> Wholesale   |
| <input type="checkbox"/> Education/School  | <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Other                | <input type="checkbox"/> Residential Lots    |                                      |
| <input type="checkbox"/> Farm              | <input type="checkbox"/> Hunting     | <input type="checkbox"/> Place of Worship     | <input type="checkbox"/> Restaurant          |                                      |
| <input type="checkbox"/> Fishing           | <input type="checkbox"/> Laundromat  | <input type="checkbox"/> Professional Service | <input type="checkbox"/> Retail              |                                      |

**® Year Built:****Stories Total:**

|                                                 |                     |             |                        |
|-------------------------------------------------|---------------------|-------------|------------------------|
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|                                                                                                                                                                           |                                                    |                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------|
| <b>Legal and Tax</b>                                                                                                                                                      |                                                    |                                                     |
| <b>@ Tax ID:</b>                                                                                                                                                          | <b>Tax Year:</b>                                   | <b>Total Taxes:</b>                                 |
| <b>Tax Annual Amount Description:</b>                                                                                                                                     |                                                    |                                                     |
| <input type="checkbox"/> Exemptions                                                                                                                                       | <input type="checkbox"/> No Exemptions             | <input type="checkbox"/> Returning Veterans         |
| <input type="checkbox"/> Homestead Improve                                                                                                                                | <input type="checkbox"/> Owner Occupied            | <input type="checkbox"/> Senior Freeze              |
| <input type="checkbox"/> Homestead Senior                                                                                                                                 | <input type="checkbox"/> Persons with Disabilities | <input type="checkbox"/> Veterans with Disabilities |
| <b>Tax Legal Description:</b>                                                                                                                                             |                                                    |                                                     |
| <b>Tax Exempt:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Property Assessment City Tax:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                    |                                                     |
| <b>Section:</b>                                                                                                                                                           |                                                    |                                                     |
| <b>Details</b>                                                                                                                                                            |                                                    |                                                     |
| <b>Existing Sub Lease:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                       |                                                    |                                                     |
| <b>Existing Lease Type:</b>                                                                                                                                               |                                                    |                                                     |
| <input type="checkbox"/> Absolute Net                                                                                                                                     | <input type="checkbox"/> CPI Adjustment            | <input type="checkbox"/> Escalation Clause          |
| <input type="checkbox"/> Gross                                                                                                                                            | <input type="checkbox"/> Ground Lease              | <input type="checkbox"/> Net                        |
| <input type="checkbox"/> NN                                                                                                                                               | <input type="checkbox"/> NNN                       | <input type="checkbox"/> Oral                       |
| <input type="checkbox"/> Sub Lease                                                                                                                                        |                                                    |                                                     |

## DESCRIPTION

|                                                 |                     |             |                        |
|-------------------------------------------------|---------------------|-------------|------------------------|
| AGENT & STATUS INFO                             | GENERAL INFORMATION | DESCRIPTION | ADDITIONAL INFORMATION |
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|                                                                                                 |                                                           |                                                          |                                           |                                          |
|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------|-------------------------------------------|------------------------------------------|
| <b>Description</b>                                                                              |                                                           |                                                          |                                           |                                          |
| <b>Accessibility Features:</b>                                                                  |                                                           |                                                          |                                           |                                          |
| <input type="checkbox"/> Accessible Approach with Ramp                                          | <input type="checkbox"/> Accessible Hallway(s)            | <input type="checkbox"/> Grip-Accessible Features        |                                           |                                          |
| <input type="checkbox"/> Accessible Bedroom                                                     | <input type="checkbox"/> Accessible Kitchen               | <input type="checkbox"/> Lever Style Door Handles        |                                           |                                          |
| <input type="checkbox"/> Accessible Central Living Area                                         | <input type="checkbox"/> Accessible Kitchen Appliances    | <input type="checkbox"/> Reinforced Floors               |                                           |                                          |
| <input type="checkbox"/> Accessible Closets                                                     | <input type="checkbox"/> Accessible Stairway              | <input type="checkbox"/> Safe Emergency Egress from Home |                                           |                                          |
| <input type="checkbox"/> Accessible Common Area                                                 | <input type="checkbox"/> Accessible Washer/Dryer          | <input type="checkbox"/> Smart Technology                |                                           |                                          |
| <input type="checkbox"/> Accessible Doors                                                       | <input type="checkbox"/> Adaptable Bathroom Walls         | <input type="checkbox"/> Some Universal Design Features  |                                           |                                          |
| <input type="checkbox"/> Accessible Electrical and Environmental Controls                       | <input type="checkbox"/> Adaptable for Elevator           | <input type="checkbox"/> Stair Lift                      |                                           |                                          |
| <input type="checkbox"/> Accessible Elevator Installed                                          | <input type="checkbox"/> Ceiling Track                    | <input type="checkbox"/> Standby Generator               |                                           |                                          |
| <input type="checkbox"/> Accessible Entrance                                                    | <input type="checkbox"/> Central Living Area              | <input type="checkbox"/> Therapeutic Whirlpool           |                                           |                                          |
| <input type="checkbox"/> Accessible for Hearing-Impairment                                      | <input type="checkbox"/> Common Area                      | <input type="checkbox"/> UD—Countertops                  |                                           |                                          |
| <input type="checkbox"/> Accessible Full Bath                                                   | <input type="checkbox"/> Customized Wheelchair Accessible | <input type="checkbox"/> Visitable                       |                                           |                                          |
|                                                                                                 | <input type="checkbox"/> Enhanced Accessible              | <input type="checkbox"/> Visitor Bathroom                |                                           |                                          |
|                                                                                                 | <input type="checkbox"/> Exterior Wheelchair Lift         | <input type="checkbox"/> Walker-Accessible Stairs        |                                           |                                          |
| <b>Building Features:</b>                                                                       |                                                           |                                                          |                                           |                                          |
| <input type="checkbox"/> Basement                                                               | <input type="checkbox"/> Dock Lever(s)                    | <input type="checkbox"/> Front Desk                      | <input type="checkbox"/> Lobby            | <input type="checkbox"/> Ramp            |
| <input type="checkbox"/> Bathrooms                                                              | <input type="checkbox"/> Elevator(s)                      | <input type="checkbox"/> Gas Pump(s)                     | <input type="checkbox"/> None             | <input type="checkbox"/> Reception       |
| <input type="checkbox"/> Bike Storage                                                           | <input type="checkbox"/> Escalator(s)                     | <input type="checkbox"/> Hot Tub                         | <input type="checkbox"/> Other            | <input type="checkbox"/> Sauna           |
| <input type="checkbox"/> Cafeteria                                                              | <input type="checkbox"/> Fiber Optic                      | <input type="checkbox"/> Janitorial Services             | <input type="checkbox"/> Overhead Crane   | <input type="checkbox"/> Security System |
| <input type="checkbox"/> Coin Laundry                                                           | <input type="checkbox"/> Fire Alarm                       | <input type="checkbox"/> Kitchen Facilities              | <input type="checkbox"/> Overhead Door(s) | <input type="checkbox"/> Signage         |
| <input type="checkbox"/> Day Care                                                               | <input type="checkbox"/> Fire Escape                      | <input type="checkbox"/> Lighting                        | <input type="checkbox"/> Patio            | <input type="checkbox"/> Storage         |
| <input type="checkbox"/> Delivery Door                                                          | <input type="checkbox"/> Fitness Center                   | <input type="checkbox"/> Loading Dock                    | <input type="checkbox"/> Pool             | <input type="checkbox"/> Wi-Fi           |
| <b>Ceiling Height:</b>                                                                          |                                                           |                                                          |                                           |                                          |
| <b>Carport:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Carport Spaces:</b> |                                                           |                                                          |                                           |                                          |

**® Construction Materials:**

- |                                                            |                                                          |                                                        |                                                |
|------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Adobe                             | <input type="checkbox"/> Concrete                        | <input type="checkbox"/> Log                           | <input type="checkbox"/> Shingle Siding        |
| <input type="checkbox"/> Aluminum Siding                   | <input type="checkbox"/> Ducts Professionally Air-Sealed | <input type="checkbox"/> Log Siding                    | <input type="checkbox"/> Slump Block           |
| <input type="checkbox"/> Asbestos                          | <input type="checkbox"/> Exterior Duct-Work Is Insulated | <input type="checkbox"/> Low VOC Insulation            | <input type="checkbox"/> Spray Foam Insulation |
| <input type="checkbox"/> Asphalt                           | <input type="checkbox"/> Fiber Cement                    | <input type="checkbox"/> Masonite                      | <input type="checkbox"/> Steel Siding          |
| <input type="checkbox"/> Attic/Crawl Hatchway(s) Insulated | <input type="checkbox"/> Fiberglass Siding               | <input type="checkbox"/> Metal Siding                  | <input type="checkbox"/> Stone                 |
| <input type="checkbox"/> Batts Insulation                  | <input type="checkbox"/> Foam Insulation                 | <input type="checkbox"/> Natural Building              | <input type="checkbox"/> Stone Veneer          |
| <input type="checkbox"/> Block                             | <input type="checkbox"/> Frame                           | <input type="checkbox"/> Other                         | <input type="checkbox"/> Straw                 |
| <input type="checkbox"/> Blown-In Insulation               | <input type="checkbox"/> Glass                           | <input type="checkbox"/> Plaster                       | <input type="checkbox"/> Stucco                |
| <input type="checkbox"/> Board & Batten Siding             | <input type="checkbox"/> HardiPlank Type                 | <input type="checkbox"/> Radiant Barrier               | <input type="checkbox"/> Synthetic Stucco      |
| <input type="checkbox"/> Brick                             | <input type="checkbox"/> ICAT Recessed Lighting          | <input type="checkbox"/> Rammed Earth                  | <input type="checkbox"/> Unknown               |
| <input type="checkbox"/> Brick Veneer                      | <input type="checkbox"/> ICFs (Insulated Concrete Forms) | <input type="checkbox"/> Recycled/Bio-Based Insulation | <input type="checkbox"/> Vertical Siding       |
| <input type="checkbox"/> Cedar                             | <input type="checkbox"/> Lap Siding                      | <input type="checkbox"/> Redwood Siding                | <input type="checkbox"/> Vinyl Siding          |
| <input type="checkbox"/> Cement Siding                     |                                                          | <input type="checkbox"/> See Remarks                   | <input type="checkbox"/> Wood Siding           |
| <input type="checkbox"/> Clapboard                         |                                                          | <input type="checkbox"/> Shake Siding                  |                                                |

**Fencing:**

- |                                      |                                       |                                    |                                        |                                      |                                       |
|--------------------------------------|---------------------------------------|------------------------------------|----------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Back Yard   | <input type="checkbox"/> Cross Fenced | <input type="checkbox"/> Gate      | <input type="checkbox"/> Partial       | <input type="checkbox"/> Security    | <input type="checkbox"/> Vinyl        |
| <input type="checkbox"/> Barbed Wire | <input type="checkbox"/> Electric     | <input type="checkbox"/> Invisible | <input type="checkbox"/> Partial Cross | <input type="checkbox"/> See Remarks | <input type="checkbox"/> Wire         |
| <input type="checkbox"/> Block       | <input type="checkbox"/> Fenced       | <input type="checkbox"/> Masonry   | <input type="checkbox"/> Perimeter     | <input type="checkbox"/> Slump Stone | <input type="checkbox"/> Wood         |
| <input type="checkbox"/> Brick       | <input type="checkbox"/> Front Yard   | <input type="checkbox"/> None      | <input type="checkbox"/> Pipe          | <input type="checkbox"/> Split Rail  | <input type="checkbox"/> Wrought Iron |
| <input type="checkbox"/> Chain Link  | <input type="checkbox"/> Full         | <input type="checkbox"/> Other     | <input type="checkbox"/> Privacy       | <input type="checkbox"/> Stone       |                                       |

| AGENT & STATUS INFO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | GENERAL INFORMATION                             | DESCRIPTION                                     | ADDITIONAL INFORMATION                                  |                                           |                                                |                                         |                                      |                                            |                                          |                                        |                                            |                                                    |                                           |                                         |                                           |                                                   |                                          |                                          |                                      |                                     |                                          |                                           |                                                         |                                      |                                      |                                          |                                         |                                                |                                       |                                                 |                               |                                |                                                 |                                                |                    |                                |                                   |                               |                                      |                                               |                                          |                                  |  |  |                 |  |  |  |
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| UTILITIES, ASSUMPTIONS, & FINANCIAL INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ROOMS & BATHS                                   | REMARKS                                         | LOCKBOX                                                 |                                           |                                                |                                         |                                      |                                            |                                          |                                        |                                            |                                                    |                                           |                                         |                                           |                                                   |                                          |                                          |                                      |                                     |                                          |                                           |                                                         |                                      |                                      |                                          |                                         |                                                |                                       |                                                 |                               |                                |                                                 |                                                |                    |                                |                                   |                               |                                      |                                               |                                          |                                  |  |  |                 |  |  |  |
| <b>Flooring:</b> <table border="0"> <tr> <td><input type="checkbox"/> Adobe</td> <td><input type="checkbox"/> Concrete</td> <td><input type="checkbox"/> Granite</td> <td><input type="checkbox"/> Parquet</td> <td><input type="checkbox"/> Stone</td> </tr> <tr> <td><input type="checkbox"/> Bamboo</td> <td><input type="checkbox"/> Cork</td> <td><input type="checkbox"/> Hardwood</td> <td><input type="checkbox"/> Pavers</td> <td><input type="checkbox"/> Sustainable</td> </tr> <tr> <td><input type="checkbox"/> Brick</td> <td><input type="checkbox"/> CRI Green Label</td> <td><input type="checkbox"/> Laminate</td> <td><input type="checkbox"/> Reclaimed Wood</td> <td><input type="checkbox"/> Terrazzo</td> </tr> <tr> <td><input type="checkbox"/> Carpet</td> <td>Plus Certified Carpet</td> <td><input type="checkbox"/> Linoleum</td> <td><input type="checkbox"/> See Remarks</td> <td><input type="checkbox"/> Tile</td> </tr> <tr> <td><input type="checkbox"/> Carpeting</td> <td><input type="checkbox"/> Dirt</td> <td><input type="checkbox"/> Marble</td> <td><input type="checkbox"/> Simulated Wood</td> <td><input type="checkbox"/> Varies</td> </tr> <tr> <td><input type="checkbox"/> Ceramic Tile</td> <td><input type="checkbox"/> FloorScore</td> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Slate</td> <td><input type="checkbox"/> Vinyl</td> </tr> <tr> <td><input type="checkbox"/> Clay</td> <td>Certified Flooring</td> <td><input type="checkbox"/> Other</td> <td><input type="checkbox"/> Softwood</td> <td><input type="checkbox"/> Wood</td> </tr> <tr> <td><input type="checkbox"/> Combination</td> <td><input type="checkbox"/> FSC or SFI Certified</td> <td><input type="checkbox"/> Painted/Stained</td> <td><input type="checkbox"/> Stamped</td> <td></td> </tr> <tr> <td></td> <td>Source Hardwood</td> <td></td> <td></td> <td></td> </tr> </table> |                                                 |                                                 |                                                         | <input type="checkbox"/> Adobe            | <input type="checkbox"/> Concrete              | <input type="checkbox"/> Granite        | <input type="checkbox"/> Parquet     | <input type="checkbox"/> Stone             | <input type="checkbox"/> Bamboo          | <input type="checkbox"/> Cork          | <input type="checkbox"/> Hardwood          | <input type="checkbox"/> Pavers                    | <input type="checkbox"/> Sustainable      | <input type="checkbox"/> Brick          | <input type="checkbox"/> CRI Green Label  | <input type="checkbox"/> Laminate                 | <input type="checkbox"/> Reclaimed Wood  | <input type="checkbox"/> Terrazzo        | <input type="checkbox"/> Carpet      | Plus Certified Carpet               | <input type="checkbox"/> Linoleum        | <input type="checkbox"/> See Remarks      | <input type="checkbox"/> Tile                           | <input type="checkbox"/> Carpeting   | <input type="checkbox"/> Dirt        | <input type="checkbox"/> Marble          | <input type="checkbox"/> Simulated Wood | <input type="checkbox"/> Varies                | <input type="checkbox"/> Ceramic Tile | <input type="checkbox"/> FloorScore             | <input type="checkbox"/> None | <input type="checkbox"/> Slate | <input type="checkbox"/> Vinyl                  | <input type="checkbox"/> Clay                  | Certified Flooring | <input type="checkbox"/> Other | <input type="checkbox"/> Softwood | <input type="checkbox"/> Wood | <input type="checkbox"/> Combination | <input type="checkbox"/> FSC or SFI Certified | <input type="checkbox"/> Painted/Stained | <input type="checkbox"/> Stamped |  |  | Source Hardwood |  |  |  |
| <input type="checkbox"/> Adobe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Concrete               | <input type="checkbox"/> Granite                | <input type="checkbox"/> Parquet                        | <input type="checkbox"/> Stone            |                                                |                                         |                                      |                                            |                                          |                                        |                                            |                                                    |                                           |                                         |                                           |                                                   |                                          |                                          |                                      |                                     |                                          |                                           |                                                         |                                      |                                      |                                          |                                         |                                                |                                       |                                                 |                               |                                |                                                 |                                                |                    |                                |                                   |                               |                                      |                                               |                                          |                                  |  |  |                 |  |  |  |
| <input type="checkbox"/> Bamboo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Cork                   | <input type="checkbox"/> Hardwood               | <input type="checkbox"/> Pavers                         | <input type="checkbox"/> Sustainable      |                                                |                                         |                                      |                                            |                                          |                                        |                                            |                                                    |                                           |                                         |                                           |                                                   |                                          |                                          |                                      |                                     |                                          |                                           |                                                         |                                      |                                      |                                          |                                         |                                                |                                       |                                                 |                               |                                |                                                 |                                                |                    |                                |                                   |                               |                                      |                                               |                                          |                                  |  |  |                 |  |  |  |
| <input type="checkbox"/> Brick                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> CRI Green Label        | <input type="checkbox"/> Laminate               | <input type="checkbox"/> Reclaimed Wood                 | <input type="checkbox"/> Terrazzo         |                                                |                                         |                                      |                                            |                                          |                                        |                                            |                                                    |                                           |                                         |                                           |                                                   |                                          |                                          |                                      |                                     |                                          |                                           |                                                         |                                      |                                      |                                          |                                         |                                                |                                       |                                                 |                               |                                |                                                 |                                                |                    |                                |                                   |                               |                                      |                                               |                                          |                                  |  |  |                 |  |  |  |
| <input type="checkbox"/> Carpet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Plus Certified Carpet                           | <input type="checkbox"/> Linoleum               | <input type="checkbox"/> See Remarks                    | <input type="checkbox"/> Tile             |                                                |                                         |                                      |                                            |                                          |                                        |                                            |                                                    |                                           |                                         |                                           |                                                   |                                          |                                          |                                      |                                     |                                          |                                           |                                                         |                                      |                                      |                                          |                                         |                                                |                                       |                                                 |                               |                                |                                                 |                                                |                    |                                |                                   |                               |                                      |                                               |                                          |                                  |  |  |                 |  |  |  |
| <input type="checkbox"/> Carpeting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Dirt                   | <input type="checkbox"/> Marble                 | <input type="checkbox"/> Simulated Wood                 | <input type="checkbox"/> Varies           |                                                |                                         |                                      |                                            |                                          |                                        |                                            |                                                    |                                           |                                         |                                           |                                                   |                                          |                                          |                                      |                                     |                                          |                                           |                                                         |                                      |                                      |                                          |                                         |                                                |                                       |                                                 |                               |                                |                                                 |                                                |                    |                                |                                   |                               |                                      |                                               |                                          |                                  |  |  |                 |  |  |  |
| <input type="checkbox"/> Ceramic Tile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> FloorScore             | <input type="checkbox"/> None                   | <input type="checkbox"/> Slate                          | <input type="checkbox"/> Vinyl            |                                                |                                         |                                      |                                            |                                          |                                        |                                            |                                                    |                                           |                                         |                                           |                                                   |                                          |                                          |                                      |                                     |                                          |                                           |                                                         |                                      |                                      |                                          |                                         |                                                |                                       |                                                 |                               |                                |                                                 |                                                |                    |                                |                                   |                               |                                      |                                               |                                          |                                  |  |  |                 |  |  |  |
| <input type="checkbox"/> Clay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Certified Flooring                              | <input type="checkbox"/> Other                  | <input type="checkbox"/> Softwood                       | <input type="checkbox"/> Wood             |                                                |                                         |                                      |                                            |                                          |                                        |                                            |                                                    |                                           |                                         |                                           |                                                   |                                          |                                          |                                      |                                     |                                          |                                           |                                                         |                                      |                                      |                                          |                                         |                                                |                                       |                                                 |                               |                                |                                                 |                                                |                    |                                |                                   |                               |                                      |                                               |                                          |                                  |  |  |                 |  |  |  |
| <input type="checkbox"/> Combination                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> FSC or SFI Certified   | <input type="checkbox"/> Painted/Stained        | <input type="checkbox"/> Stamped                        |                                           |                                                |                                         |                                      |                                            |                                          |                                        |                                            |                                                    |                                           |                                         |                                           |                                                   |                                          |                                          |                                      |                                     |                                          |                                           |                                                         |                                      |                                      |                                          |                                         |                                                |                                       |                                                 |                               |                                |                                                 |                                                |                    |                                |                                   |                               |                                      |                                               |                                          |                                  |  |  |                 |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Source Hardwood                                 |                                                 |                                                         |                                           |                                                |                                         |                                      |                                            |                                          |                                        |                                            |                                                    |                                           |                                         |                                           |                                                   |                                          |                                          |                                      |                                     |                                          |                                           |                                                         |                                      |                                      |                                          |                                         |                                                |                                       |                                                 |                               |                                |                                                 |                                                |                    |                                |                                   |                               |                                      |                                               |                                          |                                  |  |  |                 |  |  |  |
| <b>Foundation Details:</b> <input type="checkbox"/> Block <input type="checkbox"/> Brick/Mortar <input type="checkbox"/> Combination <input type="checkbox"/> Concrete Perimeter <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> Permanent <input type="checkbox"/> Pillar/Post/Pier <input type="checkbox"/> Raised <input type="checkbox"/> See Remarks <input type="checkbox"/> Slab <input type="checkbox"/> Stone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                                 |                                                         |                                           |                                                |                                         |                                      |                                            |                                          |                                        |                                            |                                                    |                                           |                                         |                                           |                                                   |                                          |                                          |                                      |                                     |                                          |                                           |                                                         |                                      |                                      |                                          |                                         |                                                |                                       |                                                 |                               |                                |                                                 |                                                |                    |                                |                                   |                               |                                      |                                               |                                          |                                  |  |  |                 |  |  |  |
| <b>Laundry Features:</b> <table border="0"> <tr> <td><input type="checkbox"/> 2nd Floor</td> <td><input type="checkbox"/> Electric Dryer Hookup</td> <td><input type="checkbox"/> In Kitchen</td> <td><input type="checkbox"/> Main Level</td> <td><input type="checkbox"/> See Remarks</td> </tr> <tr> <td><input type="checkbox"/> In Basement</td> <td><input type="checkbox"/> In Garage</td> <td><input type="checkbox"/> Laundry Chute</td> <td><input type="checkbox"/> Multiple Locations</td> <td><input type="checkbox"/> Sink</td> </tr> <tr> <td><input type="checkbox"/> In Bathroom</td> <td><input type="checkbox"/> Gas Dryer Hookup</td> <td><input type="checkbox"/> Laundry Closet</td> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> In Unit</td> </tr> <tr> <td><input type="checkbox"/> In Carport</td> <td><input type="checkbox"/> In Hall</td> <td><input type="checkbox"/> Laundry Room</td> <td><input type="checkbox"/> Other</td> <td><input type="checkbox"/> Upper Level</td> </tr> <tr> <td><input type="checkbox"/> Common Area</td> <td><input type="checkbox"/> Inside</td> <td><input type="checkbox"/> Lower Level</td> <td><input type="checkbox"/> Outside</td> <td><input type="checkbox"/> Washer Hookup</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                 |                                                 |                                                         | <input type="checkbox"/> 2nd Floor        | <input type="checkbox"/> Electric Dryer Hookup | <input type="checkbox"/> In Kitchen     | <input type="checkbox"/> Main Level  | <input type="checkbox"/> See Remarks       | <input type="checkbox"/> In Basement     | <input type="checkbox"/> In Garage     | <input type="checkbox"/> Laundry Chute     | <input type="checkbox"/> Multiple Locations        | <input type="checkbox"/> Sink             | <input type="checkbox"/> In Bathroom    | <input type="checkbox"/> Gas Dryer Hookup | <input type="checkbox"/> Laundry Closet           | <input type="checkbox"/> None            | <input type="checkbox"/> In Unit         | <input type="checkbox"/> In Carport  | <input type="checkbox"/> In Hall    | <input type="checkbox"/> Laundry Room    | <input type="checkbox"/> Other            | <input type="checkbox"/> Upper Level                    | <input type="checkbox"/> Common Area | <input type="checkbox"/> Inside      | <input type="checkbox"/> Lower Level     | <input type="checkbox"/> Outside        | <input type="checkbox"/> Washer Hookup         |                                       |                                                 |                               |                                |                                                 |                                                |                    |                                |                                   |                               |                                      |                                               |                                          |                                  |  |  |                 |  |  |  |
| <input type="checkbox"/> 2nd Floor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Electric Dryer Hookup  | <input type="checkbox"/> In Kitchen             | <input type="checkbox"/> Main Level                     | <input type="checkbox"/> See Remarks      |                                                |                                         |                                      |                                            |                                          |                                        |                                            |                                                    |                                           |                                         |                                           |                                                   |                                          |                                          |                                      |                                     |                                          |                                           |                                                         |                                      |                                      |                                          |                                         |                                                |                                       |                                                 |                               |                                |                                                 |                                                |                    |                                |                                   |                               |                                      |                                               |                                          |                                  |  |  |                 |  |  |  |
| <input type="checkbox"/> In Basement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> In Garage              | <input type="checkbox"/> Laundry Chute          | <input type="checkbox"/> Multiple Locations             | <input type="checkbox"/> Sink             |                                                |                                         |                                      |                                            |                                          |                                        |                                            |                                                    |                                           |                                         |                                           |                                                   |                                          |                                          |                                      |                                     |                                          |                                           |                                                         |                                      |                                      |                                          |                                         |                                                |                                       |                                                 |                               |                                |                                                 |                                                |                    |                                |                                   |                               |                                      |                                               |                                          |                                  |  |  |                 |  |  |  |
| <input type="checkbox"/> In Bathroom                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Gas Dryer Hookup       | <input type="checkbox"/> Laundry Closet         | <input type="checkbox"/> None                           | <input type="checkbox"/> In Unit          |                                                |                                         |                                      |                                            |                                          |                                        |                                            |                                                    |                                           |                                         |                                           |                                                   |                                          |                                          |                                      |                                     |                                          |                                           |                                                         |                                      |                                      |                                          |                                         |                                                |                                       |                                                 |                               |                                |                                                 |                                                |                    |                                |                                   |                               |                                      |                                               |                                          |                                  |  |  |                 |  |  |  |
| <input type="checkbox"/> In Carport                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> In Hall                | <input type="checkbox"/> Laundry Room           | <input type="checkbox"/> Other                          | <input type="checkbox"/> Upper Level      |                                                |                                         |                                      |                                            |                                          |                                        |                                            |                                                    |                                           |                                         |                                           |                                                   |                                          |                                          |                                      |                                     |                                          |                                           |                                                         |                                      |                                      |                                          |                                         |                                                |                                       |                                                 |                               |                                |                                                 |                                                |                    |                                |                                   |                               |                                      |                                               |                                          |                                  |  |  |                 |  |  |  |
| <input type="checkbox"/> Common Area                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Inside                 | <input type="checkbox"/> Lower Level            | <input type="checkbox"/> Outside                        | <input type="checkbox"/> Washer Hookup    |                                                |                                         |                                      |                                            |                                          |                                        |                                            |                                                    |                                           |                                         |                                           |                                                   |                                          |                                          |                                      |                                     |                                          |                                           |                                                         |                                      |                                      |                                          |                                         |                                                |                                       |                                                 |                               |                                |                                                 |                                                |                    |                                |                                   |                               |                                      |                                               |                                          |                                  |  |  |                 |  |  |  |
| <b>Parking Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                 |                                                 |                                                         |                                           |                                                |                                         |                                      |                                            |                                          |                                        |                                            |                                                    |                                           |                                         |                                           |                                                   |                                          |                                          |                                      |                                     |                                          |                                           |                                                         |                                      |                                      |                                          |                                         |                                                |                                       |                                                 |                               |                                |                                                 |                                                |                    |                                |                                   |                               |                                      |                                               |                                          |                                  |  |  |                 |  |  |  |
| <b>Security Features:</b> <table border="0"> <tr> <td><input type="checkbox"/> 24 Hour Security</td> <td><input type="checkbox"/> Firewall(s)</td> <td><input type="checkbox"/> Security Fence</td> <td><input type="checkbox"/> See Remarks</td> </tr> <tr> <td><input type="checkbox"/> Building Security</td> <td><input type="checkbox"/> Gated Community</td> <td><input type="checkbox"/> Security Gate</td> <td><input type="checkbox"/> Smoke Detector(s)</td> </tr> <tr> <td><input type="checkbox"/> Carbon Monoxide Detectors</td> <td><input type="checkbox"/> Gated with Guard</td> <td><input type="checkbox"/> Security Guard</td> <td><input type="checkbox"/> Varies by Unit</td> </tr> <tr> <td><input type="checkbox"/> Closed Circuit Camera(s)</td> <td><input type="checkbox"/> Key Card Entry</td> <td><input type="checkbox"/> Security Lights</td> <td><input type="checkbox"/> Window Bars</td> </tr> <tr> <td><input type="checkbox"/> Fire Alarm</td> <td><input type="checkbox"/> Other</td> <td><input type="checkbox"/> Security Service</td> <td><input type="checkbox"/> Window Bars with Quick Release</td> </tr> <tr> <td><input type="checkbox"/> Fire Escape</td> <td><input type="checkbox"/> Panic Alarm</td> <td><input type="checkbox"/> Security System</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Fire Sprinkler System</td> <td><input type="checkbox"/> Prewired</td> <td><input type="checkbox"/> Security System Leased</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Secured Garage/Parking</td> <td><input type="checkbox"/> Security System Owned</td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                            |                                                 |                                                 |                                                         | <input type="checkbox"/> 24 Hour Security | <input type="checkbox"/> Firewall(s)           | <input type="checkbox"/> Security Fence | <input type="checkbox"/> See Remarks | <input type="checkbox"/> Building Security | <input type="checkbox"/> Gated Community | <input type="checkbox"/> Security Gate | <input type="checkbox"/> Smoke Detector(s) | <input type="checkbox"/> Carbon Monoxide Detectors | <input type="checkbox"/> Gated with Guard | <input type="checkbox"/> Security Guard | <input type="checkbox"/> Varies by Unit   | <input type="checkbox"/> Closed Circuit Camera(s) | <input type="checkbox"/> Key Card Entry  | <input type="checkbox"/> Security Lights | <input type="checkbox"/> Window Bars | <input type="checkbox"/> Fire Alarm | <input type="checkbox"/> Other           | <input type="checkbox"/> Security Service | <input type="checkbox"/> Window Bars with Quick Release | <input type="checkbox"/> Fire Escape | <input type="checkbox"/> Panic Alarm | <input type="checkbox"/> Security System |                                         | <input type="checkbox"/> Fire Sprinkler System | <input type="checkbox"/> Prewired     | <input type="checkbox"/> Security System Leased |                               |                                | <input type="checkbox"/> Secured Garage/Parking | <input type="checkbox"/> Security System Owned |                    |                                |                                   |                               |                                      |                                               |                                          |                                  |  |  |                 |  |  |  |
| <input type="checkbox"/> 24 Hour Security                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Firewall(s)            | <input type="checkbox"/> Security Fence         | <input type="checkbox"/> See Remarks                    |                                           |                                                |                                         |                                      |                                            |                                          |                                        |                                            |                                                    |                                           |                                         |                                           |                                                   |                                          |                                          |                                      |                                     |                                          |                                           |                                                         |                                      |                                      |                                          |                                         |                                                |                                       |                                                 |                               |                                |                                                 |                                                |                    |                                |                                   |                               |                                      |                                               |                                          |                                  |  |  |                 |  |  |  |
| <input type="checkbox"/> Building Security                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Gated Community        | <input type="checkbox"/> Security Gate          | <input type="checkbox"/> Smoke Detector(s)              |                                           |                                                |                                         |                                      |                                            |                                          |                                        |                                            |                                                    |                                           |                                         |                                           |                                                   |                                          |                                          |                                      |                                     |                                          |                                           |                                                         |                                      |                                      |                                          |                                         |                                                |                                       |                                                 |                               |                                |                                                 |                                                |                    |                                |                                   |                               |                                      |                                               |                                          |                                  |  |  |                 |  |  |  |
| <input type="checkbox"/> Carbon Monoxide Detectors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Gated with Guard       | <input type="checkbox"/> Security Guard         | <input type="checkbox"/> Varies by Unit                 |                                           |                                                |                                         |                                      |                                            |                                          |                                        |                                            |                                                    |                                           |                                         |                                           |                                                   |                                          |                                          |                                      |                                     |                                          |                                           |                                                         |                                      |                                      |                                          |                                         |                                                |                                       |                                                 |                               |                                |                                                 |                                                |                    |                                |                                   |                               |                                      |                                               |                                          |                                  |  |  |                 |  |  |  |
| <input type="checkbox"/> Closed Circuit Camera(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Key Card Entry         | <input type="checkbox"/> Security Lights        | <input type="checkbox"/> Window Bars                    |                                           |                                                |                                         |                                      |                                            |                                          |                                        |                                            |                                                    |                                           |                                         |                                           |                                                   |                                          |                                          |                                      |                                     |                                          |                                           |                                                         |                                      |                                      |                                          |                                         |                                                |                                       |                                                 |                               |                                |                                                 |                                                |                    |                                |                                   |                               |                                      |                                               |                                          |                                  |  |  |                 |  |  |  |
| <input type="checkbox"/> Fire Alarm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Other                  | <input type="checkbox"/> Security Service       | <input type="checkbox"/> Window Bars with Quick Release |                                           |                                                |                                         |                                      |                                            |                                          |                                        |                                            |                                                    |                                           |                                         |                                           |                                                   |                                          |                                          |                                      |                                     |                                          |                                           |                                                         |                                      |                                      |                                          |                                         |                                                |                                       |                                                 |                               |                                |                                                 |                                                |                    |                                |                                   |                               |                                      |                                               |                                          |                                  |  |  |                 |  |  |  |
| <input type="checkbox"/> Fire Escape                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Panic Alarm            | <input type="checkbox"/> Security System        |                                                         |                                           |                                                |                                         |                                      |                                            |                                          |                                        |                                            |                                                    |                                           |                                         |                                           |                                                   |                                          |                                          |                                      |                                     |                                          |                                           |                                                         |                                      |                                      |                                          |                                         |                                                |                                       |                                                 |                               |                                |                                                 |                                                |                    |                                |                                   |                               |                                      |                                               |                                          |                                  |  |  |                 |  |  |  |
| <input type="checkbox"/> Fire Sprinkler System                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Prewired               | <input type="checkbox"/> Security System Leased |                                                         |                                           |                                                |                                         |                                      |                                            |                                          |                                        |                                            |                                                    |                                           |                                         |                                           |                                                   |                                          |                                          |                                      |                                     |                                          |                                           |                                                         |                                      |                                      |                                          |                                         |                                                |                                       |                                                 |                               |                                |                                                 |                                                |                    |                                |                                   |                               |                                      |                                               |                                          |                                  |  |  |                 |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Secured Garage/Parking | <input type="checkbox"/> Security System Owned  |                                                         |                                           |                                                |                                         |                                      |                                            |                                          |                                        |                                            |                                                    |                                           |                                         |                                           |                                                   |                                          |                                          |                                      |                                     |                                          |                                           |                                                         |                                      |                                      |                                          |                                         |                                                |                                       |                                                 |                               |                                |                                                 |                                                |                    |                                |                                   |                               |                                      |                                               |                                          |                                  |  |  |                 |  |  |  |
| <b>Topography:</b> <table border="0"> <tr> <td><input type="checkbox"/> Flat</td> <td><input type="checkbox"/> High Ground</td> <td><input type="checkbox"/> Hilly</td> <td><input type="checkbox"/> Low</td> <td><input type="checkbox"/> Sloping</td> <td><input type="checkbox"/> Terraced</td> </tr> <tr> <td><input type="checkbox"/> Flood Plain</td> <td><input type="checkbox"/> Hillside</td> <td><input type="checkbox"/> Level</td> <td><input type="checkbox"/> Rolling</td> <td><input type="checkbox"/> Steep</td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                 |                                                 |                                                         | <input type="checkbox"/> Flat             | <input type="checkbox"/> High Ground           | <input type="checkbox"/> Hilly          | <input type="checkbox"/> Low         | <input type="checkbox"/> Sloping           | <input type="checkbox"/> Terraced        | <input type="checkbox"/> Flood Plain   | <input type="checkbox"/> Hillside          | <input type="checkbox"/> Level                     | <input type="checkbox"/> Rolling          | <input type="checkbox"/> Steep          |                                           |                                                   |                                          |                                          |                                      |                                     |                                          |                                           |                                                         |                                      |                                      |                                          |                                         |                                                |                                       |                                                 |                               |                                |                                                 |                                                |                    |                                |                                   |                               |                                      |                                               |                                          |                                  |  |  |                 |  |  |  |
| <input type="checkbox"/> Flat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> High Ground            | <input type="checkbox"/> Hilly                  | <input type="checkbox"/> Low                            | <input type="checkbox"/> Sloping          | <input type="checkbox"/> Terraced              |                                         |                                      |                                            |                                          |                                        |                                            |                                                    |                                           |                                         |                                           |                                                   |                                          |                                          |                                      |                                     |                                          |                                           |                                                         |                                      |                                      |                                          |                                         |                                                |                                       |                                                 |                               |                                |                                                 |                                                |                    |                                |                                   |                               |                                      |                                               |                                          |                                  |  |  |                 |  |  |  |
| <input type="checkbox"/> Flood Plain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Hillside               | <input type="checkbox"/> Level                  | <input type="checkbox"/> Rolling                        | <input type="checkbox"/> Steep            |                                                |                                         |                                      |                                            |                                          |                                        |                                            |                                                    |                                           |                                         |                                           |                                                   |                                          |                                          |                                      |                                     |                                          |                                           |                                                         |                                      |                                      |                                          |                                         |                                                |                                       |                                                 |                               |                                |                                                 |                                                |                    |                                |                                   |                               |                                      |                                               |                                          |                                  |  |  |                 |  |  |  |
| <b>Waterfront:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                 |                                                 |                                                         |                                           |                                                |                                         |                                      |                                            |                                          |                                        |                                            |                                                    |                                           |                                         |                                           |                                                   |                                          |                                          |                                      |                                     |                                          |                                           |                                                         |                                      |                                      |                                          |                                         |                                                |                                       |                                                 |                               |                                |                                                 |                                                |                    |                                |                                   |                               |                                      |                                               |                                          |                                  |  |  |                 |  |  |  |
| <b>Waterfront Features:</b> <table border="0"> <tr> <td><input type="checkbox"/> Beach Access</td> <td><input type="checkbox"/> Lagoon</td> <td><input type="checkbox"/> Ocean Access</td> <td><input type="checkbox"/> Seawall</td> </tr> <tr> <td><input type="checkbox"/> Beach Front</td> <td><input type="checkbox"/> Lake</td> <td><input type="checkbox"/> Ocean Front</td> <td><input type="checkbox"/> Stream</td> </tr> <tr> <td><input type="checkbox"/> Canal Access</td> <td><input type="checkbox"/> Lake Front</td> <td><input type="checkbox"/> Pond</td> <td><input type="checkbox"/> Waterfront</td> </tr> <tr> <td><input type="checkbox"/> Canal Front</td> <td><input type="checkbox"/> Lake Privileges</td> <td><input type="checkbox"/> River Access</td> <td><input type="checkbox"/> River</td> </tr> <tr> <td><input type="checkbox"/> Creek</td> <td><input type="checkbox"/> Navigable Water</td> <td><input type="checkbox"/> River Front</td> <td><input type="checkbox"/> Spring</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                 |                                                 |                                                         | <input type="checkbox"/> Beach Access     | <input type="checkbox"/> Lagoon                | <input type="checkbox"/> Ocean Access   | <input type="checkbox"/> Seawall     | <input type="checkbox"/> Beach Front       | <input type="checkbox"/> Lake            | <input type="checkbox"/> Ocean Front   | <input type="checkbox"/> Stream            | <input type="checkbox"/> Canal Access              | <input type="checkbox"/> Lake Front       | <input type="checkbox"/> Pond           | <input type="checkbox"/> Waterfront       | <input type="checkbox"/> Canal Front              | <input type="checkbox"/> Lake Privileges | <input type="checkbox"/> River Access    | <input type="checkbox"/> River       | <input type="checkbox"/> Creek      | <input type="checkbox"/> Navigable Water | <input type="checkbox"/> River Front      | <input type="checkbox"/> Spring                         |                                      |                                      |                                          |                                         |                                                |                                       |                                                 |                               |                                |                                                 |                                                |                    |                                |                                   |                               |                                      |                                               |                                          |                                  |  |  |                 |  |  |  |
| <input type="checkbox"/> Beach Access                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Lagoon                 | <input type="checkbox"/> Ocean Access           | <input type="checkbox"/> Seawall                        |                                           |                                                |                                         |                                      |                                            |                                          |                                        |                                            |                                                    |                                           |                                         |                                           |                                                   |                                          |                                          |                                      |                                     |                                          |                                           |                                                         |                                      |                                      |                                          |                                         |                                                |                                       |                                                 |                               |                                |                                                 |                                                |                    |                                |                                   |                               |                                      |                                               |                                          |                                  |  |  |                 |  |  |  |
| <input type="checkbox"/> Beach Front                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Lake                   | <input type="checkbox"/> Ocean Front            | <input type="checkbox"/> Stream                         |                                           |                                                |                                         |                                      |                                            |                                          |                                        |                                            |                                                    |                                           |                                         |                                           |                                                   |                                          |                                          |                                      |                                     |                                          |                                           |                                                         |                                      |                                      |                                          |                                         |                                                |                                       |                                                 |                               |                                |                                                 |                                                |                    |                                |                                   |                               |                                      |                                               |                                          |                                  |  |  |                 |  |  |  |
| <input type="checkbox"/> Canal Access                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Lake Front             | <input type="checkbox"/> Pond                   | <input type="checkbox"/> Waterfront                     |                                           |                                                |                                         |                                      |                                            |                                          |                                        |                                            |                                                    |                                           |                                         |                                           |                                                   |                                          |                                          |                                      |                                     |                                          |                                           |                                                         |                                      |                                      |                                          |                                         |                                                |                                       |                                                 |                               |                                |                                                 |                                                |                    |                                |                                   |                               |                                      |                                               |                                          |                                  |  |  |                 |  |  |  |
| <input type="checkbox"/> Canal Front                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Lake Privileges        | <input type="checkbox"/> River Access           | <input type="checkbox"/> River                          |                                           |                                                |                                         |                                      |                                            |                                          |                                        |                                            |                                                    |                                           |                                         |                                           |                                                   |                                          |                                          |                                      |                                     |                                          |                                           |                                                         |                                      |                                      |                                          |                                         |                                                |                                       |                                                 |                               |                                |                                                 |                                                |                    |                                |                                   |                               |                                      |                                               |                                          |                                  |  |  |                 |  |  |  |
| <input type="checkbox"/> Creek                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Navigable Water        | <input type="checkbox"/> River Front            | <input type="checkbox"/> Spring                         |                                           |                                                |                                         |                                      |                                            |                                          |                                        |                                            |                                                    |                                           |                                         |                                           |                                                   |                                          |                                          |                                      |                                     |                                          |                                           |                                                         |                                      |                                      |                                          |                                         |                                                |                                       |                                                 |                               |                                |                                                 |                                                |                    |                                |                                   |                               |                                      |                                               |                                          |                                  |  |  |                 |  |  |  |
| <b>Water Body Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                 |                                                 |                                                         |                                           |                                                |                                         |                                      |                                            |                                          |                                        |                                            |                                                    |                                           |                                         |                                           |                                                   |                                          |                                          |                                      |                                     |                                          |                                           |                                                         |                                      |                                      |                                          |                                         |                                                |                                       |                                                 |                               |                                |                                                 |                                                |                    |                                |                                   |                               |                                      |                                               |                                          |                                  |  |  |                 |  |  |  |

## ADDITIONAL INFORMATION

| AGENT & STATUS INFO                             | GENERAL INFORMATION | DESCRIPTION | ADDITIONAL INFORMATION |
|-------------------------------------------------|---------------------|-------------|------------------------|
| UTILITIES, ASSUMPTIONS, & FINANCIAL INFORMATION | ROOMS & BATHS       | REMARKS     | LOCKBOX                |

### Additional Information

#### Appliances:

- |                                                           |                                                       |                                                             |
|-----------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Appliances—Energy Star Qualified | <input type="checkbox"/> Microwave                    | <input type="checkbox"/> Refrigerator—Built In              |
| <input type="checkbox"/> Appliances—Stainless Steel       | <input type="checkbox"/> None                         | <input type="checkbox"/> Refrigerator—Energy Star Qualified |
| <input type="checkbox"/> Cooktop                          | <input type="checkbox"/> Other                        | <input type="checkbox"/> Refrigerator—Free Standing         |
| <input type="checkbox"/> Cooktop—Electric                 | <input type="checkbox"/> Oven                         | <input type="checkbox"/> Trash Compactor                    |
| <input type="checkbox"/> Cooktop—Gas                      | <input type="checkbox"/> Oven—Built In Electric       | <input type="checkbox"/> Vented Exhaust Fan                 |
| <input type="checkbox"/> Cooktop—Induction                | <input type="checkbox"/> Oven—Built In Gas            | <input type="checkbox"/> Wall Oven                          |
| <input type="checkbox"/> Cooktop—Propane                  | <input type="checkbox"/> Oven—Convection              | <input type="checkbox"/> Warming Drawer                     |
| <input type="checkbox"/> Dishwasher                       | <input type="checkbox"/> Oven—Double                  | <input type="checkbox"/> Washer                             |
| <input type="checkbox"/> Dishwasher—Energy Star Qualified | <input type="checkbox"/> Oven—Electric                | <input type="checkbox"/> Washer—Energy Star Qualified       |
| <input type="checkbox"/> Dishwasher—Portable              | <input type="checkbox"/> Oven—Free Standing Electric  | <input type="checkbox"/> Washer/Dryer                       |
| <input type="checkbox"/> Disposal                         | <input type="checkbox"/> Oven—Free Standing Gas       | <input type="checkbox"/> Washer/Dryer Stacked               |
| <input type="checkbox"/> Down Draft                       | <input type="checkbox"/> Oven—Gas                     | <input type="checkbox"/> Water Heater                       |
| <input type="checkbox"/> Dryer                            | <input type="checkbox"/> Oven—Self Cleaning           | <input type="checkbox"/> Water Heater—Additional            |
| <input type="checkbox"/> Dryer—Energy Star Qualified      | <input type="checkbox"/> Propane Water Heater         | <input type="checkbox"/> Water Heater—Electric              |
| <input type="checkbox"/> Exhaust Fan                      | <input type="checkbox"/> Range                        | <input type="checkbox"/> Water Heater—Energy Star Qualified |
| <input type="checkbox"/> Freezer                          | <input type="checkbox"/> Range Hood                   | <input type="checkbox"/> Water Heater—Gas                   |
| <input type="checkbox"/> Freezer—Built In                 | <input type="checkbox"/> Range—Built In               | <input type="checkbox"/> Water Heater—Solar                 |
| <input type="checkbox"/> Freezer—Energy Star Qualified    | <input type="checkbox"/> Range—Built In Electric      | <input type="checkbox"/> Water Heater—Tankless              |
| <input type="checkbox"/> Freezer—Freestanding             | <input type="checkbox"/> Range—Built In Gas           | <input type="checkbox"/> Water Purifier                     |
| <input type="checkbox"/> Hot Water—Instant                | <input type="checkbox"/> Range—Electric               | <input type="checkbox"/> Water Softener                     |
| <input type="checkbox"/> Hot Water—Solar                  | <input type="checkbox"/> Range—Free Standing          | <input type="checkbox"/> Water Softener Rented              |
| <input type="checkbox"/> Humidifier                       | <input type="checkbox"/> Range—Free Standing Electric | <input type="checkbox"/> Wine Cooler                        |
| <input type="checkbox"/> Ice Maker                        | <input type="checkbox"/> Range—Free Standing Gas      | <input type="checkbox"/> Wine Refrigerator                  |
| <input type="checkbox"/> Ice Maker—Plumbed For            | <input type="checkbox"/> Range—Gas                    | <input type="checkbox"/> Wine/Bar Fridge                    |
| <input type="checkbox"/> Indoor Grill                     | <input type="checkbox"/> Refrigerator                 |                                                             |

#### Frontage Length:

#### Green Energy Efficient:

- |                                         |                                         |                                            |                                       |                                  |
|-----------------------------------------|-----------------------------------------|--------------------------------------------|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Appliances     | <input type="checkbox"/> HVAC           | <input type="checkbox"/> Lighting          | <input type="checkbox"/> Solar        | <input type="checkbox"/> Windows |
| <input type="checkbox"/> Construction   | <input type="checkbox"/> Incentives     | <input type="checkbox"/> Low-Flow Features | <input type="checkbox"/> Thermostat   |                                  |
| <input type="checkbox"/> Doors          | <input type="checkbox"/> Insulation     | <input type="checkbox"/> NGBS              | <input type="checkbox"/> Water Heater |                                  |
| <input type="checkbox"/> Exposure/Shade | <input type="checkbox"/> LEED for Homes | <input type="checkbox"/> Roof              | <input type="checkbox"/> Wind         |                                  |

#### \* Number of Buildings:

#### Number of Drive In Doors:

#### Number of Loading Docks:

#### Other Equipment:

- |                                             |                                               |                                              |                                         |
|---------------------------------------------|-----------------------------------------------|----------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Air Purifier       | <input type="checkbox"/> Fuel Tank(s)         | <input type="checkbox"/> Livestock Equipment | <input type="checkbox"/> Satellite Dish |
| <input type="checkbox"/> Call Listing Agent | <input type="checkbox"/> Generator            | <input type="checkbox"/> Negotiable          | <input type="checkbox"/> TV Antenna     |
| <input type="checkbox"/> Compressor         | <input type="checkbox"/> Home Theater         | <input type="checkbox"/> None                | <input type="checkbox"/> Varies by Unit |
| <input type="checkbox"/> DC Well Pump       | <input type="checkbox"/> Intercom             | <input type="checkbox"/> Orchard Equipment   |                                         |
| <input type="checkbox"/> Dehumidifier       | <input type="checkbox"/> Irrigation Equipment | <input type="checkbox"/> Other               |                                         |
| <input type="checkbox"/> Farm Equipment     | <input type="checkbox"/> List Available       | <input type="checkbox"/> Rotary Antenna      |                                         |

#### Ownership Type: ☐ Bank ☐ Government ☐ Owner by Contract ☐ Private ☐ Relocation

|                                                 |                     |             |                        |
|-------------------------------------------------|---------------------|-------------|------------------------|
| AGENT & STATUS INFO                             | GENERAL INFORMATION | DESCRIPTION | ADDITIONAL INFORMATION |
| UTILITIES, ASSUMPTIONS, & FINANCIAL INFORMATION | ROOMS & BATHS       | REMARKS     | LOCKBOX                |

**Road Frontage Type:** ☐ Alley ☐ City Street ☐ Country Road ☐ Easement ☐ Freeway ☐ Highway ☐ Interstate  
☐ None ☐ Other ☐ Private Road ☐ See Remarks ☐ State Road ☐ Unimproved

**Road Surface Type:**

|                                    |                                            |                                          |                                |                                      |                                     |
|------------------------------------|--------------------------------------------|------------------------------------------|--------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Aggregate | <input type="checkbox"/> Chip and Seal     | <input type="checkbox"/> Dirt            | <input type="checkbox"/> None  | <input type="checkbox"/> Paver Block | <input type="checkbox"/> Unimproved |
| <input type="checkbox"/> Asphalt   | <input type="checkbox"/> Concrete          | <input type="checkbox"/> Gravel          | <input type="checkbox"/> Other | <input type="checkbox"/> See Remarks |                                     |
| <input type="checkbox"/> Brick     | <input type="checkbox"/> Deed Restrictions | <input type="checkbox"/> No Mobile Homes | <input type="checkbox"/> Paved | <input type="checkbox"/> Subdivision |                                     |

## UTILITIES, ASSUMPTIONS, & FINANCIAL INFORMATION

|                                                 |                     |             |                        |
|-------------------------------------------------|---------------------|-------------|------------------------|
| AGENT & STATUS INFO                             | GENERAL INFORMATION | DESCRIPTION | ADDITIONAL INFORMATION |
| UTILITIES, ASSUMPTIONS, & FINANCIAL INFORMATION | ROOMS & BATHS       | REMARKS     | LOCKBOX                |

**Utilities**

**Cooling:**

|                                              |                                              |                                              |                                         |
|----------------------------------------------|----------------------------------------------|----------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Attic Fan           | <input type="checkbox"/> Evaporative Cooling | <input type="checkbox"/> Other               | <input type="checkbox"/> Window Unit(s) |
| <input type="checkbox"/> Ceiling Fan(s)      | <input type="checkbox"/> Exhaust Fan         | <input type="checkbox"/> Power Roof Vents    | <input type="checkbox"/> Zoned          |
| <input type="checkbox"/> Central Air         | <input type="checkbox"/> Gas                 | <input type="checkbox"/> Roof Turbine(s)     |                                         |
| <input type="checkbox"/> Dual                | <input type="checkbox"/> Geothermal          | <input type="checkbox"/> Separate Meters     |                                         |
| <input type="checkbox"/> Ductless            | <input type="checkbox"/> Heat Pump           | <input type="checkbox"/> Varies by Unit      |                                         |
| <input type="checkbox"/> Electric            | <input type="checkbox"/> Humidity Control    | <input type="checkbox"/> Wall Unit(s)        |                                         |
| <input type="checkbox"/> Energy Star         | <input type="checkbox"/> Multi Units         | <input type="checkbox"/> Wall/Window Unit(s) |                                         |
| <input type="checkbox"/> Qualified Equipment | <input type="checkbox"/> None                | <input type="checkbox"/> Whole House Fan     |                                         |

**\*Electric:** ☐ 220 Volts ☐ 3 Phase ☐ 4 Phase ☐ 440 Volts ☐ Ameren ☐ Other ☐ Single Phase

**Heating:**

|                                                   |                                     |                                          |                                         |
|---------------------------------------------------|-------------------------------------|------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Baseboard                | <input type="checkbox"/> Forced Air | <input type="checkbox"/> Natural Gas     | <input type="checkbox"/> Radiant Floor  |
| <input type="checkbox"/> Coal                     | <input type="checkbox"/> Gas        | <input type="checkbox"/> Oil             | <input type="checkbox"/> Solar          |
| <input type="checkbox"/> Dual Fuel System         | <input type="checkbox"/> Geothermal | <input type="checkbox"/> Other           | <input type="checkbox"/> Space Heater   |
| <input type="checkbox"/> Ductless                 | <input type="checkbox"/> Gravity    | <input type="checkbox"/> Other/None      | <input type="checkbox"/> Steam          |
| <input type="checkbox"/> Electric                 | <input type="checkbox"/> Heat Pump  | <input type="checkbox"/> Propane         | <input type="checkbox"/> Varies by Unit |
| <input type="checkbox"/> Electricity Available    | <input type="checkbox"/> Hot Water  | <input type="checkbox"/> Radiant         | <input type="checkbox"/> Wood           |
| <input type="checkbox"/> Electronic Air Filter(s) | <input type="checkbox"/> HRV/ERV    | <input type="checkbox"/> Radiant Ceiling | <input type="checkbox"/> Zoned          |

| AGENT & STATUS INFO                             | GENERAL INFORMATION | DESCRIPTION | ADDITIONAL INFORMATION |
|-------------------------------------------------|---------------------|-------------|------------------------|
| UTILITIES, ASSUMPTIONS, & FINANCIAL INFORMATION | ROOMS & BATHS       | REMARKS     | LOCKBOX                |

**Utilities:**

- |                                                    |                                                    |                                              |                                                |
|----------------------------------------------------|----------------------------------------------------|----------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Cable Available           | <input type="checkbox"/> Natural Gas Connected     | <input type="checkbox"/> Propane             | <input type="checkbox"/> Sewer Not Connected   |
| <input type="checkbox"/> Cable Connected           | <input type="checkbox"/> Natural Gas Not Available | <input type="checkbox"/> Propane Leased      | <input type="checkbox"/> Underground Utilities |
| <input type="checkbox"/> Cable Not Available       | <input type="checkbox"/> None                      | <input type="checkbox"/> Propane Owned       | <input type="checkbox"/> Water Available       |
| <input type="checkbox"/> Electricity Available     | <input type="checkbox"/> Other                     | <input type="checkbox"/> See Remarks         | <input type="checkbox"/> Water Connected       |
| <input type="checkbox"/> Electricity Connected     | <input type="checkbox"/> Phone Available           | <input type="checkbox"/> Sewer Available     | <input type="checkbox"/> Water Not Available   |
| <input type="checkbox"/> Electricity Not Available | <input type="checkbox"/> Phone Connected           | <input type="checkbox"/> Sewer Connected     |                                                |
| <input type="checkbox"/> Natural Gas Available     | <input type="checkbox"/> Phone Not Available       | <input type="checkbox"/> Sewer Not Available |                                                |

**Sewer Main Diameter:**
**Water Main Diameter:**

- Water Source:** ☐ Cistern ☐ Community ☐ None ☐ Other ☐ Private  
☐ Public ☐ See Remarks ☐ Shared Well ☐ Spring ☐ Well

**Assumptions**
**® Disclosures:**

- |                                                                  |                                                         |                                                             |                                                     |
|------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Agent Owned                             | <input type="checkbox"/> Farm Implements Lease          | <input type="checkbox"/> Mold                               | <input type="checkbox"/> See Seller's Disclosure    |
| <input type="checkbox"/> Asbestos                                | <input type="checkbox"/> First Refusal Required         | <input type="checkbox"/> No Other Known Restrictions        | <input type="checkbox"/> Seller Property Disclosure |
| <input type="checkbox"/> Building Conversion                     | <input type="checkbox"/> Flood Plain No                 | <input type="checkbox"/> None                               | <input type="checkbox"/> Septic Disclosure          |
| <input type="checkbox"/> Code Compliance Required                | <input type="checkbox"/> Flood Plain Yes                | <input type="checkbox"/> Occupancy Permit Required          | <input type="checkbox"/> Some Equipment             |
| <input type="checkbox"/> Condo Development Created After 9/28/83 | <input type="checkbox"/> Historic Restriction           | <input type="checkbox"/> Original Sale Certificate Required | <input type="checkbox"/> Subject to Lease           |
| <input type="checkbox"/> Condo Development Created Prior 9/28/83 | <input type="checkbox"/> HOA/Condo Disclosure Available | <input type="checkbox"/> Other                              | <input type="checkbox"/> Terre du Lac               |
| <input type="checkbox"/> Drainage Assessment                     | <input type="checkbox"/> Hunting Lease                  | <input type="checkbox"/> Resale Certificate Required        | <input type="checkbox"/> Unknown                    |
| <input type="checkbox"/> Easements                               | <input type="checkbox"/> Land Sale Disclosure Available | <input type="checkbox"/> Sale Certificate Not Required      | <input type="checkbox"/> Unpaid Special Assessment  |
| <input type="checkbox"/> Environmental Disclosure Available      | <input type="checkbox"/> Lead Paint                     |                                                             | <input type="checkbox"/> Year Built Unknown         |
|                                                                  | <input type="checkbox"/> Mineral Rights Lease           |                                                             |                                                     |

- Easement Type:** ☐ Other ☐ Road/Right of Way ☐ Utility

- Exclusions:** ☐ Crops ☐ Hunting Rights ☐ Mineral Rights

**Inclusions:**

- |                                   |                                         |                                    |                                                  |                                            |
|-----------------------------------|-----------------------------------------|------------------------------------|--------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Building | <input type="checkbox"/> Equipment      | <input type="checkbox"/> Inventory | <input type="checkbox"/> Mineral Rights if Owned | <input type="checkbox"/> Personal Property |
| <input type="checkbox"/> Business | <input type="checkbox"/> Fixtures       | <input type="checkbox"/> Land      |                                                  |                                            |
| <input type="checkbox"/> Crops    | <input type="checkbox"/> Hunting Rights | <input type="checkbox"/> Livestock | <input type="checkbox"/> Other - Contact Agent   |                                            |

**Financials**
**® Listing Terms:**

- |                                                   |                                                      |                                              |
|---------------------------------------------------|------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> 1031 Exchange            | <input type="checkbox"/> Lease Back                  | <input type="checkbox"/> Sell as Entity      |
| <input type="checkbox"/> All Inclusive Trust Deed | <input type="checkbox"/> Lease Option                | <input type="checkbox"/> Seller Equity Share |
| <input type="checkbox"/> Assumable                | <input type="checkbox"/> Lease Purchase              | <input type="checkbox"/> Seller Financing    |
| <input type="checkbox"/> Cash                     | <input type="checkbox"/> Lien Release                | <input type="checkbox"/> Special Funding     |
| <input type="checkbox"/> Contract                 | <input type="checkbox"/> Other                       | <input type="checkbox"/> Submit              |
| <input type="checkbox"/> Conventional             | <input type="checkbox"/> Owner May Carry             | <input type="checkbox"/> Trade               |
| <input type="checkbox"/> Existing Bonds           | <input type="checkbox"/> Owner Pay Points            | <input type="checkbox"/> Trust Conveyance    |
| <input type="checkbox"/> FHA                      | <input type="checkbox"/> Owner Will Carry            | <input type="checkbox"/> Trust Deed          |
| <input type="checkbox"/> FHA 203 (b)              | <input type="checkbox"/> Private                     | <input type="checkbox"/> USDA                |
| <input type="checkbox"/> FHA 203 (k)              | <input type="checkbox"/> Private Financing Available | <input type="checkbox"/> VA                  |
| <input type="checkbox"/> Land Use Fee             | <input type="checkbox"/> Relocation Property         | <input type="checkbox"/> VA Loan             |

**Possession:**

- |                                            |                                                  |                                                   |                                        |
|--------------------------------------------|--------------------------------------------------|---------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Close of Escrow   | <input type="checkbox"/> Close Plus 3 to 5 Days  | <input type="checkbox"/> Rental Agreement         | <input type="checkbox"/> Specific Date |
| <input type="checkbox"/> Close Plus 1 Day  | <input type="checkbox"/> Close Plus 30 Days      | <input type="checkbox"/> See Remarks (Possession) |                                        |
| <input type="checkbox"/> Close Plus 2 Days | <input type="checkbox"/> Negotiable (Possession) | <input type="checkbox"/> Seller Rent Back         |                                        |
| <input type="checkbox"/> Close Plus 3 Days | <input type="checkbox"/> Other (Possession)      | <input type="checkbox"/> Subject to Tenant Rights |                                        |

**Second Mortgage Y/N:**
**Net Operating Income:**
**® Gross Income:**



|                                                 |                     |             |                        |
|-------------------------------------------------|---------------------|-------------|------------------------|
| AGENT & STATUS INFO                             | GENERAL INFORMATION | DESCRIPTION | ADDITIONAL INFORMATION |
| UTILITIES, ASSUMPTIONS, & FINANCIAL INFORMATION | ROOMS & BATHS       | REMARKS     | LOCKBOX                |

**Other Expense:**
**Owner Pays:**

- |                                                  |                                                |                                           |                                       |
|--------------------------------------------------|------------------------------------------------|-------------------------------------------|---------------------------------------|
| <input type="checkbox"/> All Utilities           | <input type="checkbox"/> Grounds Care          | <input type="checkbox"/> Other            | <input type="checkbox"/> Sewer        |
| <input type="checkbox"/> Association Fees        | <input type="checkbox"/> Hot Water             | <input type="checkbox"/> Other Tax        | <input type="checkbox"/> Snow Removal |
| <input type="checkbox"/> Cable TV                | <input type="checkbox"/> HVAC Maintenance      | <input type="checkbox"/> Parking Fee      | <input type="checkbox"/> Taxes        |
| <input type="checkbox"/> Common Area Maintenance | <input type="checkbox"/> Insurance             | <input type="checkbox"/> Pest Control     | <input type="checkbox"/> Telephone    |
| <input type="checkbox"/> Earthquake Insurance    | <input type="checkbox"/> Internet              | <input type="checkbox"/> Pool Maintenance | <input type="checkbox"/> Trash        |
| <input type="checkbox"/> Electricity             | <input type="checkbox"/> Janitorial Service    | <input type="checkbox"/> Repairs          | <input type="checkbox"/> Utilities    |
| <input type="checkbox"/> Exterior Maintenance    | <input type="checkbox"/> Maintenance Structure | <input type="checkbox"/> Roof             | <input type="checkbox"/> Water        |
| <input type="checkbox"/> Gardener                | <input type="checkbox"/> Management            | <input type="checkbox"/> Security         |                                       |
| <input type="checkbox"/> Gas                     | <input type="checkbox"/> None                  | <input type="checkbox"/> See Remarks      |                                       |

**Tenant Pays:**

- |                                                  |                                                |                                           |                                       |
|--------------------------------------------------|------------------------------------------------|-------------------------------------------|---------------------------------------|
| <input type="checkbox"/> All Utilities           | <input type="checkbox"/> Grounds Care          | <input type="checkbox"/> Other            | <input type="checkbox"/> Sewer        |
| <input type="checkbox"/> Association Fees        | <input type="checkbox"/> Hot Water             | <input type="checkbox"/> Other Tax        | <input type="checkbox"/> Snow Removal |
| <input type="checkbox"/> Cable TV                | <input type="checkbox"/> HVAC Maintenance      | <input type="checkbox"/> Parking Fee      | <input type="checkbox"/> Taxes        |
| <input type="checkbox"/> Common Area Maintenance | <input type="checkbox"/> Insurance             | <input type="checkbox"/> Pest Control     | <input type="checkbox"/> Telephone    |
| <input type="checkbox"/> Earthquake Insurance    | <input type="checkbox"/> Internet              | <input type="checkbox"/> Pool Maintenance | <input type="checkbox"/> Trash        |
| <input type="checkbox"/> Electricity             | <input type="checkbox"/> Janitorial Service    | <input type="checkbox"/> Repairs          | <input type="checkbox"/> Utilities    |
| <input type="checkbox"/> Exterior Maintenance    | <input type="checkbox"/> Maintenance Structure | <input type="checkbox"/> Roof             | <input type="checkbox"/> Water        |
| <input type="checkbox"/> Gardener                | <input type="checkbox"/> Management            | <input type="checkbox"/> Security         |                                       |
| <input type="checkbox"/> Gas                     | <input type="checkbox"/> None                  | <input type="checkbox"/> See Remarks      |                                       |

**Seller Consider Concession:** ☐ Yes ☐ No

## REMARKS

AGENT & STATUS INFO

GENERAL INFORMATION

DESCRIPTION

ADDITIONAL INFORMATION

UTILITIES, ASSUMPTIONS, & FINANCIAL INFORMATION

ROOMS & BATHS

REMARKS

LOCKBOX

### Remarks

Public Remarks:

Agent Only Remarks:

### Showing

Directions:

Showing Instructions:

#### ® Showing Requirements:

- |                                                |                                                |                                             |                                             |
|------------------------------------------------|------------------------------------------------|---------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> 24 Hour Notice        | <input type="checkbox"/> Combination Lock Box  | <input type="checkbox"/> No Lockbox         | <input type="checkbox"/> Show with Contract |
| <input type="checkbox"/> Appointment Only      | <input type="checkbox"/> Day Sleeper           | <input type="checkbox"/> No Sign            | <input type="checkbox"/> Showing Service    |
| <input type="checkbox"/> Boundary Lines Marked | <input type="checkbox"/> Do Not Disturb Tenant | <input type="checkbox"/> Occupied           | <input type="checkbox"/> Sign               |
| <input type="checkbox"/> Builder Display Open  | <input type="checkbox"/> Do Not Show           | <input type="checkbox"/> Pet(s) on Premises | <input type="checkbox"/> Text Listing Agent |
| <input type="checkbox"/> Call Listing Agent    | <input type="checkbox"/> Email Listing Agent   | <input type="checkbox"/> Register and Show  | <input type="checkbox"/> To Be Built        |
| <input type="checkbox"/> Call Listing Office   | <input type="checkbox"/> Key in Office         | <input type="checkbox"/> Restricted Hours   | <input type="checkbox"/> Under Construction |
| <input type="checkbox"/> Call Manager          | <input type="checkbox"/> List Agent Accompany  | <input type="checkbox"/> Security System    | <input type="checkbox"/> Vacant             |
| <input type="checkbox"/> Call Owner            | <input type="checkbox"/> Lockbox               | <input type="checkbox"/> See Remarks        |                                             |
| <input type="checkbox"/> Call Tenant           | <input type="checkbox"/> Must Call             | <input type="checkbox"/> Show at Will       |                                             |

Showing Contact Phone:

Showing Contact Type: ☐ Listing Agent ☐ Listing Office ☐ Occupant ☐ Showing Service

Offer URL:

Virtual Tour URL Unbranded:

### Syndication

® Internet Entire Listing Display: ☐ Yes ☐ No      ® Internet Address Display: ☐ Yes ☐ No

® Internet Automated Valuation Display: ☐ Yes ☐ No      ® Internet Consumer Comment: ☐ Yes ☐ No

## LOCKBOX

AGENT & STATUS INFO

GENERAL INFORMATION

DESCRIPTION

ADDITIONAL INFORMATION

UTILITIES, ASSUMPTIONS, & FINANCIAL INFORMATION

ROOMS & BATHS

REMARKS

LOCKBOX

### Lockbox Information

Lockbox Description: ☐ Other ☐ Sentrilock ☐ Sentrilock and to Supra ☐ Supra

Lockbox Location: ☐ Call Listing Agent ☐ Call Listing Office ☐ Front Door ☐ Front Gate ☐ Garage Door  
☐ Gas Meter ☐ Rear Door ☐ See Remarks ☐ Side Door ☐ Side Gate ☐ Sign Post ☐ Vault ☐ Water Pipe

Lockbox Serial Number: