

MARIS

Subscription Waiver Form

This form must be completed by the Subscriber requesting a waiver of MARIS MLS subscription fees and signed by both the Subscriber and the Participant (Broker/Designated REALTOR®). *A separate form must be submitted for each Subscriber.*

Subscriber & Office Details

Name : _____ (As shown on license)

User ID : _____

E-mail address : _____

Office Name : _____

Office ID : _____

Reason for Waiver Request

(Check One)

- ☐ **Active Military Duty**
- ☐ **Medical Hardship**
- ☐ **Maintains a primary subscription to another MLS**

Other Primary MLS Name: _____

By signing below, the Subscriber affirms that the information provided is true and accurate. The Subscriber and Participant understand that:

- This waiver applies only under the selected exception.
- If the exception no longer applies, subscriber fees may be applied from the date of the exception expiration.

IMPORTANT - ANY MISREPRESENTATION OR VIOLATION OF THESE EXCEPTIONS WILL AUTOMATICALLY INCUR A PENALTY CHARGE OF \$500.00, PER OCCURANCE, APPLIED TO THE PARTICIPANT BROKER.

Subscriber Signature : _____ **Date :** _____

Participant Signature : _____ **Date :** _____