

OFFICE INFORMATION CHANGE FORM

Office Name: _____ **MLS Office Code:** _____
Current Office Name

OFFICE INFORMATION CHANGE:

New Office Name: _____

Corporate License Number: _____ Expiration Date: _____

New Office Address: _____

City: _____ State: _____ Zip: _____

Office Number: _____ Office Fax Number: _____

Office E-Mail Address: _____

E-mail will be used by ATS (for MLS listings), CCAR, TAR, and NAR. CCAR does not sell or otherwise distribute e-mail lists.

Office Web Address: _____

Designated REALTOR®'s Name: _____

Designated REALTOR®'s Signature: _____

ANY ADDITIONAL OFFICE INFORMATION: