



Listing Report

Agent _____ List Date _____

Property Address _____ Exp. Date _____

Is this an OwnerLand Realty Referral? Yes/No _____

Owner #1 _____ Owner #2 _____

Home Phone Number: _____

Office Phone Number: _____

Cell Phone Number: _____

Email: _____

Mailing Address(s) _____

Notes: _____

SHOWING INSTRUCTIONS:

Vacant? Yes/No _____ Showings Must Be Confirmed? Yes/No _____

****Always leave message of day & time of showing requested at each phone number in instructions****