



TRAVERSE AREA ASSOCIATION OF REALTORS®
CHANGE FORM



Date: _____

MLS #: _____ ADDRESS: _____

Listing Office Code: _____ Listing Office Name: _____

Listing Agent Code: _____ Listing Agent Name: _____

_____ Listing Price Change: FROM \$ _____ TO \$ _____

_____ Listing Extension: FROM _____ TO _____

_____ Back on the Market with new Expiration Date of _____

* _____ Cancellation (**Designated REALTOR® MUST sign for all cancellations**)

_____ Other Changes: _____

WE HEREBY AGREE to the above changes. All other terms and conditions of the original Listing Agreement dated _____ remain unchanged.

REALTOR® Signature: _____ Owner Signature: _____

***DR/Office Broker MUST sign for all cancellations**

Owner Signature: _____