

CRIS "Request to Delete a Listing" Authorization Form

Fax: 1- 800-650-1902

Mail: CAS
P.O. Box 2999
Akron, Ohio 44309

This form should be completed by the CRIS listing broker who has the authority of his company/corporation to request the deletion of a listing due to a data input error made by his office. The proper completion of this form will assist CAS in the deletion of this listing. Please complete all information and either fax or mail to the CRIS MLS.

This form must be signed by the CRIS Listing broker. We must have this *completed document on file before your listing can be deleted. Once deleted, the listing can't be recovered.

Name of Listing Company: _____

Office ID: _____

MLS # to be Deleted: _____

Property Address: _____

Office Phone Number: _____

Office Fax number: _____

Date Of Request: _____

Reason for Deletion Request (please check one):

Duplicate Listing Listing Entered Prior to Executed Listing Contract

Other, please explain: _____

Signature of Listing Broker: _____

Print Listing Broker First/Last Name: _____

*Please note: incomplete/incorrect forms will not be processed.

Staff use only:

Date Deleted: _____ Deleted By: _____

Notes: _____