



# CI COMMERCIAL/INDUSTRIAL LISTING INPUT FORM

Revised 11/7/2023

**\* Denotes Required Fields** Listing Number \_\_\_\_\_

List Office Name \_\_\_\_\_ List Agent Name \_\_\_\_\_  
 \*List Office ID  Team Member(s) \_\_\_\_\_  
 \*List Agent ID  Related MLS Number(s) \_\_\_\_\_

**\*Space Available** (choose only one)  For Sale  For Lease  For Sale/Lease

\*List Price  \*List Date  \*Expiration Date

### \*Type of Listing Agreement

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> A- Exclusive Right to Sell                                  | <input type="checkbox"/> F- Exclusive Right to Sell With Dual Rate of Commission      | <input type="checkbox"/> J- Facilitation/Exclusive Right to Sell With Variable Rate of Commission |
| <input type="checkbox"/> B- Exclusive Right to Sell With Named Exclusion             | <input type="checkbox"/> G Facilitation/Exclusive Right to Sell                       | <input type="checkbox"/> K- Facilitation/Exclusive Right to Sell With Dual Rate of Commission     |
| <input type="checkbox"/> D- Exclusive Agency   | <input type="checkbox"/> H- Facilitation/Exclusive Right to Sell With Named Exclusion | <input type="checkbox"/> M- Exclusive Right to Lease  |
| <input type="checkbox"/> E- Exclusive Right to Sell With Variable Rate of Commission | <input type="checkbox"/> I- Facilitation/Exclusive                                    |   |

**\*Compensation Based On**  Gross/Full Sale Price  Net Sale Price

**\*Sub-Agency Relationship Offered**  Yes  No

\*Sub-Agent Compensation  \*Buyer's Agent Compensation  \*Facilitator Compensation

**\*Entry Only**  Yes  No If entering YES in the Entry Only field you are hereby indicating that this listing is an Entry Only Listing and as such you will be providing no other services to the seller other than the entering of this listing into the MLS System. Please refer to Sec. 1.0 (b) Note 2 and the Definitions section of the Rules & Regulations for more information.

**\*Lender Owned**  Yes  No  Undisclosed **\*Short Sale With Lender Approval Required**  Yes  No  Unknown

\*Street #  \*Street Name  Unit #  \*Town  \*State  \*Zip Code  - Zip 4

Parcel ID Number / PIN (Max. 36 Characters)  Area

**\*Directions** (Max. 100 Characters)

### Sub-Agent Showing

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> A- Call List Office                               | <input type="checkbox"/> Q- Call Tenant   | <input type="checkbox"/> W- Audio Recording/Surveillance Device on Premises |
| <input type="checkbox"/> C- Call List Agent                                | <input type="checkbox"/> R- Go Direct     | <input type="checkbox"/> X- Video Recording/Surveillance Device on Premises |
| <input type="checkbox"/> K- Schedule with ShowingTime or Call 888-627-2775 | <input type="checkbox"/> S- Key in Office | <input type="checkbox"/> Y- Email List Agent                                |
| <input type="checkbox"/> Z- Schedule with ShowingTime                      | <input type="checkbox"/> T- Lock Box      | <input type="checkbox"/> 1- Schedule with Homesnap Showings                 |
| <input type="checkbox"/> O- Accompanied Showings                           | <input type="checkbox"/> U- Owner         | <input type="checkbox"/> L- Other (See Special Showing Instructions)        |
| <input type="checkbox"/> P- Appointment Required                           | <input type="checkbox"/> V- Sign          |   |

### Buyer's Agent Showing

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> A- Call List Office                               | <input type="checkbox"/> Q- Call Tenant   | <input type="checkbox"/> W- Audio Recording/Surveillance Device on Premises |
| <input type="checkbox"/> C- Call List Agent                                | <input type="checkbox"/> R- Go Direct     | <input type="checkbox"/> X- Video Recording/Surveillance Device on Premises |
| <input type="checkbox"/> K- Schedule with ShowingTime or Call 888-627-2775 | <input type="checkbox"/> S- Key in Office | <input type="checkbox"/> Y- Email List Agent                                |
| <input type="checkbox"/> Z- Schedule with ShowingTime                      | <input type="checkbox"/> T- Lock Box      | <input type="checkbox"/> 1- Schedule with Homesnap Showings                 |
| <input type="checkbox"/> O- Accompanied Showings                           | <input type="checkbox"/> U- Owner         | <input type="checkbox"/> L- Other (See Special Showing Instructions)        |
| <input type="checkbox"/> P- Appointment Required                           | <input type="checkbox"/> V- Sign          |   |

### Facilitator Showing

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> A- Call List Office                               | <input type="checkbox"/> Q- Call Tenant   | <input type="checkbox"/> W- Audio Recording/Surveillance Device on Premises |
| <input type="checkbox"/> C- Call List Agent                                | <input type="checkbox"/> R- Go Direct     | <input type="checkbox"/> X- Video Recording/Surveillance Device on Premises |
| <input type="checkbox"/> K- Schedule with ShowingTime or Call 888-627-2775 | <input type="checkbox"/> S- Key in Office | <input type="checkbox"/> Y- Email List Agent                                |
| <input type="checkbox"/> Z- Schedule with ShowingTime                      | <input type="checkbox"/> T- Lock Box      | <input type="checkbox"/> 1- Schedule with Homesnap Showings                 |
| <input type="checkbox"/> O- Accompanied Showings                           | <input type="checkbox"/> U- Owner         | <input type="checkbox"/> L- Other (See Special Showing Instructions)        |
| <input type="checkbox"/> P- Appointment Required                           | <input type="checkbox"/> V- Sign          |   |

**Special Showing Instructions** (Max. 100 Characters)

**\*Lease**  Yes  No     
 **\*Exchange**  Yes  No     
 **\*Sublet**  Yes  No

**Lease Type**  A- Ground Lease   
  B- Net Lease   
  C- Triple-Net Lease (NNN)   
  G- Gross   
  O- Other (See Remarks)

**Lease Price Includes**  A- Building   
  B- Business   
  C- Land   
  E- Not Applicable   
  D- Other (See Remarks)

**\*Taxes \$**      
 **\*Fiscal Year**      
 **Mill Rate**      
 **\*Specific Zoning Code**      
 **Certification Number or Deed Date**

**\*Assessed Value Land**    
 **\*Assessed Value Building**    
 **\*Total Assessed Value**    
 **Map**    
 **Block**    
 **Lot**    
 **\*Book**    
 **\*Page**

**\*Zone Description or Title**  A- Legal Conforming   
  B- Legal Non-Conforming   
  C- Other (See Remarks)

**\*Type of CI (choose only one)**  Commercial   
  Industrial   
  5+ Residential   
  Land   
  Office   
  Commercial Condo   
  Mixed Use   
  Parking

**# UNITS**      **SQUARE FEET**

**\*Residential**    
 **\*Square Feet**    
 **\*# Buildings**    
 **# of Restrooms**    
 **# of Loading Docks**    
 **# Drive-In Doors**

**\*Office**    
 **\*Square Feet**    
 **Ceiling Height**    
 **\*# Stories**    
 **# Units**    
 **Traffic Count/Day**

**\*Retail**    
 **\*Square Feet**    
 **\*Approximate Lot Size**    
 **Approximate Acres**    
 **Approximate Frontage**    
 **Approximate Depth**

**\*Warehouse**    
 **\*Square Feet**    
 **\*Year Established**    
 **\*Year Established Source**  Appraiser   
  Builder   
  Owner   
  Public Record   
 **\*21E on File**  Yes  No

**\*Manufacturing**    
 **\*Square Feet**    
 **Site Condition**  A- Dry   
  B- Level   
  C- Open   
  D- Slope   
  E- Wet   
  F- Wood   
  G- Improved

**Total Units**    
 **Total Square Feet**    
 **HERS Index Score**    
 **Completion Date of HERS Score**

**Survey**  Yes  No  Unknown  Unspecified   
 **Plat Plan**  Yes  No  Unknown  Unspecified   
 **Lien and Encumbrance**  Yes  No  Unknown  Unspecified

**Expandable**  Yes  No  Unknown  Unspecified   
 **Underground Tank**  Yes  No  Unknown  Unspecified   
 **Easements**  Yes  No  Unknown  Unspecified

**Dividable**  Yes  No  Unknown  Unspecified   
 **Sub-Dividable**  Yes  No  Unknown  Unspecified   
 **Elevator**  Yes  No  Unknown  Unspecified

**Sprinklers**  Yes  No  Unknown  Unspecified   
 **Railroad Siding**  Yes  No  Unknown  Unspecified   
 **Handicap Access/Features**  Yes  No  Unknown  Unspecified

**Gross Annual Income \$**    
 **\*Net Operating Income \$**    
 **Gross Annual Expenses \$**    
 **Special Financing**  Yes  No  Unknown  Unspecified

**Association**  Yes  No  Unknown  Unspecified   
 **Association Fee**

**Association Fee Includes**

<input type="checkbox"/> A- Heat	<input type="checkbox"/> I- Swimming Pool	<input type="checkbox"/> Q- Putting Green	<input type="checkbox"/> Y- Clubroom	<input type="checkbox"/> 7- N/A
<input type="checkbox"/> B- Hot Water	<input type="checkbox"/> J- Laundry Facilities	<input type="checkbox"/> R- Tennis Court	<input type="checkbox"/> Z- Walking/Jogging Trails	<input type="checkbox"/> 8- Air Conditioning
<input type="checkbox"/> C- Electric	<input type="checkbox"/> K- Elevator	<input type="checkbox"/> S- Playground	<input type="checkbox"/> 1- Beach Rights	<input type="checkbox"/> 9- Parking
<input type="checkbox"/> D- Gas	<input type="checkbox"/> L- Exterior Maintenance	<input type="checkbox"/> T- Park	<input type="checkbox"/> 2- Dock/Mooring	<input type="checkbox"/> 11- Flood Insurance
<input type="checkbox"/> E- Water	<input type="checkbox"/> M- Road Maintenance	<input type="checkbox"/> U- Recreational Facilities	<input type="checkbox"/> 3- Extra Storage	<input type="checkbox"/> 13- Management Fee
<input type="checkbox"/> F- Sewer	<input type="checkbox"/> N- Landscaping	<input type="checkbox"/> V- Paddle Tennis	<input type="checkbox"/> 4- Refuse Removal	
<input type="checkbox"/> G- Master Insurance	<input type="checkbox"/> O- Snow Removal	<input type="checkbox"/> W- Exercise Room	<input type="checkbox"/> 5- Garden Area	
<input type="checkbox"/> H- Security	<input type="checkbox"/> P- Golf Course	<input type="checkbox"/> X- Sauna/Steam	<input type="checkbox"/> 6- Valet Parking	

**\*Parking Spaces**

**Parking Description**

<input type="checkbox"/> A- 1-10 Spaces	<input type="checkbox"/> E- Garage	<input type="checkbox"/> J- 11-20 Spaces	<input type="checkbox"/> N- Paved Driveway	<input type="checkbox"/> R- Off Site
<input type="checkbox"/> B- Assigned	<input type="checkbox"/> F- Open	<input type="checkbox"/> K- 21+ Spaces	<input type="checkbox"/> O- Unpaved Driveway	<input type="checkbox"/> S- On Site
<input type="checkbox"/> C- Detached	<input type="checkbox"/> G- Street	<input type="checkbox"/> L- Improved Driveway	<input type="checkbox"/> P- Leased	<input type="checkbox"/> T- Reserved
<input type="checkbox"/> D- Attached	<input type="checkbox"/> H- Under	<input type="checkbox"/> M- Stone/Gravel	<input type="checkbox"/> Q- No Parking	<input type="checkbox"/> U- Shared

**Location**

<input type="checkbox"/> A- Downtown	<input type="checkbox"/> E- Park	<input type="checkbox"/> I- Industrial Park	<input type="checkbox"/> M- Highway Access	<input type="checkbox"/> P- Corner Lot
<input type="checkbox"/> B- Urban	<input type="checkbox"/> F- Shopping Mall	<input type="checkbox"/> J- Office Park	<input type="checkbox"/> N- Public Transportation	<input type="checkbox"/> Q- Interior Lot
<input type="checkbox"/> C- Suburban	<input type="checkbox"/> G- Strip	<input type="checkbox"/> K- Free Standing	<input type="checkbox"/> O- Central Business District	<input type="checkbox"/> R- Neighborhood
<input type="checkbox"/> D- Rural	<input type="checkbox"/> H- Historic	<input type="checkbox"/> L- Interstate		

**Utilities**

<input type="checkbox"/> A- Public Water	<input type="checkbox"/> D- Private Sewer	<input type="checkbox"/> G- Natural Gas	<input type="checkbox"/> J- 220 Volts	<input type="checkbox"/> N- Fiber Optic
<input type="checkbox"/> B- Private Water	<input type="checkbox"/> E- Water Available	<input type="checkbox"/> H- Bottled Gas	<input type="checkbox"/> K- 440 Volts	<input type="checkbox"/> O- Leased Propane Tank
<input type="checkbox"/> C- Public Sewer	<input type="checkbox"/> F- Sewer Available	<input type="checkbox"/> I- 110 Volts	<input type="checkbox"/> L- Three Phase	<input type="checkbox"/> M- Other (See Remarks)

**Roof Material**

<input type="checkbox"/> A- Aluminum	<input type="checkbox"/> J- Asphalt/Composition Shingles	<input type="checkbox"/> O- Terne - Coated - Stainless	<input type="checkbox"/> T- Composition	<input type="checkbox"/> Y- Shake
<input type="checkbox"/> B- Membrane	<input type="checkbox"/> K- Clay	<input type="checkbox"/> P- Vegetation/Garden	<input type="checkbox"/> U- Metal	<input type="checkbox"/> Z- Slate
<input type="checkbox"/> C- Combination	<input type="checkbox"/> L- Living	<input type="checkbox"/> Q- Asphalt/Fiberglass Shingles	<input type="checkbox"/> V- Reflective Roofing - ENERGY STAR	<input type="checkbox"/> 1- Wood Shingles
<input type="checkbox"/> D- Shingle	<input type="checkbox"/> M- Metal Roofing (Recycled)	<input type="checkbox"/> R- Bitumen	<input type="checkbox"/> W- Rolled	<input type="checkbox"/> 2- Tile
<input type="checkbox"/> E- Tar & Gravel	<input type="checkbox"/> N- Radiant Roof Barriers	<input type="checkbox"/> S- Channel	<input type="checkbox"/> X- Rubber	<input type="checkbox"/> F- Other (See Remarks)

**Construction**

<input type="checkbox"/> A- Aluminum	<input type="checkbox"/> C- Stone/Concrete	<input type="checkbox"/> E- Mason	<input type="checkbox"/> G- Stucco	<input type="checkbox"/> H- Other (See Remarks)
<input type="checkbox"/> B- Brick	<input type="checkbox"/> D- Frame	<input type="checkbox"/> F- Steel		

**\*Seller Disclosure Declaration**  Yes  No

**Disclosures** (Max. 300 Characters. Please include an additional page if needed.)

**\*\*REMINDER\*\***

As stated in the MLS PIN Rules & Regulations Sec 1.0 (e), **no broker, agent or agency may be named or identified, nor may any web, e-mail or voicemail address or other personal form of identification be included**, in any section or field of any Property Data Form, except only in "Firm Remarks", "Team Member", and "Special Showing Instructions."

**Public Remarks** (Max. 1000 Characters. Please include an additional page if needed.)

**Firm Remarks** (Max. 1000 Characters. Please include an additional page if needed.)

**Exclusions** (Max. 100 Characters. Please include an additional page if needed.)