

FARM LISTING INPUT FORM

MLS#: _____

Items with an *asterisk are required fields
Items with two (2) *asterisks are required if Dwelling is Yes

General Information***Status:**

<input type="checkbox"/> Incomplete	<input type="checkbox"/> Active	<input type="checkbox"/> Coming Soon- On Market Date: _____	<input type="checkbox"/> Non-Listed Sold
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***Street Number:** _____**Street Direction:**

<input type="checkbox"/> N	<input type="checkbox"/> NE	<input type="checkbox"/> E	<input type="checkbox"/> SE	<input type="checkbox"/> S	<input type="checkbox"/> SW	<input type="checkbox"/> W	<input type="checkbox"/> NW
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***Street Name:** _____**Street Suffix Type:**

<input type="checkbox"/> Avenue	<input type="checkbox"/> Bend	<input type="checkbox"/> Boulevard	<input type="checkbox"/> Circle	<input type="checkbox"/> Court	<input type="checkbox"/> Cove
<input type="checkbox"/> Crest	<input type="checkbox"/> Drive	<input type="checkbox"/> Gardens	<input type="checkbox"/> Glen	<input type="checkbox"/> Green	<input type="checkbox"/> Heights
<input type="checkbox"/> Highway	<input type="checkbox"/> Knoll	<input type="checkbox"/> Landing	<input type="checkbox"/> Lane	<input type="checkbox"/> Loop	<input type="checkbox"/> Manor
<input type="checkbox"/> Meadow	<input type="checkbox"/> Meadows	<input type="checkbox"/> Park	<input type="checkbox"/> Parkway	<input type="checkbox"/> Passage	<input type="checkbox"/> Place
<input type="checkbox"/> Road	<input type="checkbox"/> Street	<input type="checkbox"/> Square	<input type="checkbox"/> Terrace	<input type="checkbox"/> Trace	<input type="checkbox"/> Trail
<input type="checkbox"/> Way					

Unit #: _____***County:** _____***Zip Code:** _____***List Price:** _____***Expire Date:** _____***Subject To:*****Town:** _____***State:** _____**Zip Code + 4:** _____***List Date:** _____

<input type="checkbox"/> Agent Owned	<input type="checkbox"/> Auction	<input type="checkbox"/> Corporate Addendums	<input type="checkbox"/> Court Approval	<input type="checkbox"/> HUD Owned
<input type="checkbox"/> Possible Short Sale	<input type="checkbox"/> REO – Bank Owned	<input type="checkbox"/> Approved Short Sale	<input type="checkbox"/> To Be Built	<input type="checkbox"/> Not Applicable

***Property Sub Type:**

<input type="checkbox"/> Breeder Egg	<input type="checkbox"/> Broilers	<input type="checkbox"/> Broilers Free Range	<input type="checkbox"/> Cattle
<input type="checkbox"/> Commercial	<input type="checkbox"/> Commercial Egg	<input type="checkbox"/> Cornish	<input type="checkbox"/> Dairy
<input type="checkbox"/> Hog	<input type="checkbox"/> Horses	<input type="checkbox"/> Pullets	<input type="checkbox"/> Row Crop-Tillable
<input type="checkbox"/> Turkey	<input type="checkbox"/> Other		

Parcel ID:** _____**Additional Parcel ID:** _____**Lot:** _____ **Block:** _____*Apx Heated SqFt:** _____****SqFt Source:**

<input type="checkbox"/> Agent Measured	<input type="checkbox"/> Appraisal	<input type="checkbox"/> Builder	<input type="checkbox"/> Court House	<input type="checkbox"/> Plans and Specs	<input type="checkbox"/> Seller
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****Apx Year Built:** _____****Age Desc:**

<input type="checkbox"/> 25 Years or Older	<input type="checkbox"/> Resale (25 Years or Less)	<input type="checkbox"/> New Construction	<input type="checkbox"/> Age Unknown
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New Construction YN: ☐ Yes ☐ No**Builder Name** _____**Apx. Completion Date:** _____

*Dwelling Y/N: ☐ Yes ☐ No

Lot Dimensions: _____

Deed Rest/Covenant Y/N: ☐ Yes ☐ No

*Acres: _____

*Taxes Amount: _____

*Legal: _____

*Section: _____ *Township: _____ *Range: _____

Zoning:

<input type="checkbox"/> Agricultural	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Multi Family
<input type="checkbox"/> None	<input type="checkbox"/> Other	<input type="checkbox"/> Residential	<input type="checkbox"/> Residential Office

Exclusions: _____

Subdivision: _____

*Seller Disclosure YN: ☐ Yes ☐ No

Contingency:

<input type="checkbox"/> Contact Agent	<input type="checkbox"/> Continue to Show	<input type="checkbox"/> Escape Clause in Contract
<input type="checkbox"/> First Right	<input type="checkbox"/> See Remarks	<input type="checkbox"/> Take Backup Offers

Hrs First Right of Refusal: _____

of Lakes on Property: _____

Poultry Contract:

<input type="checkbox"/> Cargill	<input type="checkbox"/> Con Agra	<input type="checkbox"/> Georges	<input type="checkbox"/> Crystal Lake Farms	<input type="checkbox"/> None	<input type="checkbox"/> Other	<input type="checkbox"/> Simmons	<input type="checkbox"/> Tyson
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Virtual Tour Link: _____

Additional Virtual Tour Link: _____

Brokerage Information

*List Agent Name (MLS ID): _____

Co List Agent (MLS ID): _____

***Agency/Listing Type:**

<input type="checkbox"/> Exclusive Agency	<input type="checkbox"/> Exclusive Right to Sell	<input type="checkbox"/> Limited Service Listing	<input type="checkbox"/> MLS Entry Only Listing
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***Showing Instructions:**

<input type="checkbox"/> 2hr Notice	<input type="checkbox"/> 4hr Notice	<input type="checkbox"/> 12hr Notice	<input type="checkbox"/> 24hr Notice
<input type="checkbox"/> Apmt Only	<input type="checkbox"/> Call Appt Center	<input type="checkbox"/> Call List Agent	<input type="checkbox"/> Call List Office
<input type="checkbox"/> Key In Office	<input type="checkbox"/> Leavecard	<input type="checkbox"/> List Agent Present	<input type="checkbox"/> Lockbox-Combo
<input type="checkbox"/> Lockbox-SentriLock	<input type="checkbox"/> Lockbox-Supra	<input type="checkbox"/> No Appt. Required	<input type="checkbox"/> No Key
<input type="checkbox"/> Occupied	<input type="checkbox"/> Other-Specify In Remarks	<input type="checkbox"/> Pets-See Remarks	<input type="checkbox"/> Sign In
<input type="checkbox"/> Special Situation	<input type="checkbox"/> Tenant Occupied	<input type="checkbox"/> Vacant	

Exempted Name Prospects: ☐ Yes ☐ No

Lockbox: _____

*Internet OK: ☐ Yes ☐ No

*Allow VOW: ☐ Yes ☐ No

Call to Show: _____

*Allow Address Display: ☐ Yes ☐ No

*Allow Blogging: ☐ Yes ☐ No

Allow Auto Valuation: ☐ Yes ☐ No

Direct Contact: _____

Agent Safety Concerns:

<input type="checkbox"/> No Heat	<input type="checkbox"/> Minimal or No Ext. Lighting	<input type="checkbox"/> Minimal or No Int. Lighting	<input type="checkbox"/> Remote/Limited Visibility from Road
<input type="checkbox"/> Electricity Not On	<input type="checkbox"/> Poor Cell Service	<input type="checkbox"/> Contact List Agent	<input type="checkbox"/> Other

Property Information

****No. of Bedrooms:** _____

****No. of Full Baths:** _____

****No. of Half Baths:** _____

Type/Style:

<input type="checkbox"/> Cabin	<input type="checkbox"/> Cape	<input type="checkbox"/> Chalet/a Frame	<input type="checkbox"/> Colonial
<input type="checkbox"/> Condominium	<input type="checkbox"/> Contemporary	<input type="checkbox"/> Cottage/Camp	<input type="checkbox"/> Country
<input type="checkbox"/> Craftsman	<input type="checkbox"/> Double-Wide	<input type="checkbox"/> Earthen Built	<input type="checkbox"/> Estate
<input type="checkbox"/> European	<input type="checkbox"/> Farmhouse	<input type="checkbox"/> Federal	<input type="checkbox"/> Fixer Upper
<input type="checkbox"/> French Provincial	<input type="checkbox"/> Georgian	<input type="checkbox"/> Historic	<input type="checkbox"/> Log Home
<input type="checkbox"/> Modular	<input type="checkbox"/> Oriental	<input type="checkbox"/> Other-Specify In Remarks	<input type="checkbox"/> Ranch
<input type="checkbox"/> Saltbox	<input type="checkbox"/> Single-Wide	<input type="checkbox"/> Spanish	<input type="checkbox"/> Split Level
<input type="checkbox"/> Straw Bale	<input type="checkbox"/> Traditional	<input type="checkbox"/> Tudor	<input type="checkbox"/> Victorian
<input type="checkbox"/> Williamsburg			

****Levels:**

<input type="checkbox"/> One Level	<input type="checkbox"/> Two Levels	<input type="checkbox"/> Three Levels	<input type="checkbox"/> Split Level	<input type="checkbox"/> Tri-Level
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No. of Tubs/Showers:

<input type="checkbox"/> 1 Tub & Shower Combo	<input type="checkbox"/> 2 Tub & Shower Combo	<input type="checkbox"/> 3/+ Tub & Shower Combo	<input type="checkbox"/> 1 Disabled Tub & Shower
<input type="checkbox"/> 2 Disabled Tub & Shower	<input type="checkbox"/> 3/+ Disabled Tub & Shower	<input type="checkbox"/> 1 Garden Tub & Shower	<input type="checkbox"/> 2 Garden Tub & Shower
<input type="checkbox"/> 3/+ Garden Tub & Shower	<input type="checkbox"/> Soaking Tub	<input type="checkbox"/> 1 Sauna	<input type="checkbox"/> 2 Saunas
<input type="checkbox"/> 3/+ Saunas	<input type="checkbox"/> 1 Shower	<input type="checkbox"/> 2 Showers	<input type="checkbox"/> 3/+ Showers
<input type="checkbox"/> 1 Tub	<input type="checkbox"/> 2 Tubs	<input type="checkbox"/> 3/+ Tubs	<input type="checkbox"/> 1 Walk-In Shower
<input type="checkbox"/> 2 Walk-In Showers	<input type="checkbox"/> 3/+ Walk-In Showers	<input type="checkbox"/> 1 Whirlpool	<input type="checkbox"/> 2 Whirlpools
<input type="checkbox"/> 3/+ Whirlpools	<input type="checkbox"/> 1 Other Tub & Shower	<input type="checkbox"/> 2 Other Tub & Showers	<input type="checkbox"/> 3/+ Other Tub & Showers
<input type="checkbox"/> 1 Low Flow Toilet	<input type="checkbox"/> 2 Low Flow Toilets	<input type="checkbox"/> 3/+ Low Flow Toilets	<input type="checkbox"/> 1 Low Flow Faucet
<input type="checkbox"/> 2 Low Flow Faucets	<input type="checkbox"/> 3/+ Low Flow Faucets	<input type="checkbox"/> 1 Low Flow Shower	<input type="checkbox"/> 2 Low Flow Showers
<input type="checkbox"/> 3/+ Low Flow Showers			

***Basement YN:** ☐ Yes ☐ No

Basement Description:

<input type="checkbox"/> Cellar	<input type="checkbox"/> Finished	<input type="checkbox"/> Full	<input type="checkbox"/> None
<input type="checkbox"/> Other-Specify In Remarks	<input type="checkbox"/> Partial	<input type="checkbox"/> Unfinished	<input type="checkbox"/> Walk-Out

****Garage/Carport Capacity:** _____

****Garage Carport Location:**

<input type="checkbox"/> Attached	<input type="checkbox"/> Detached	<input type="checkbox"/> None	<input type="checkbox"/> Other
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****Garage/Carport Type:**

<input type="checkbox"/> Carport	<input type="checkbox"/> Carport/Garage	<input type="checkbox"/> Garage	<input type="checkbox"/> None	<input type="checkbox"/> Other
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***Driveway:**

<input type="checkbox"/> Aggregate	<input type="checkbox"/> Asphalt	<input type="checkbox"/> Brick	<input type="checkbox"/> Circular Drive	<input type="checkbox"/> Concrete
<input type="checkbox"/> Gravel	<input type="checkbox"/> None	<input type="checkbox"/> Patterned Concrete	<input type="checkbox"/> Tar & Gravel	<input type="checkbox"/> Unpaved

****Amenities:**

<input type="checkbox"/> Attic Storage	<input type="checkbox"/> Blinds	<input type="checkbox"/> Built-Ins	<input type="checkbox"/> Cathedral Ceiling
<input type="checkbox"/> Ceiling Fans	<input type="checkbox"/> Ceramic Tile Counters	<input type="checkbox"/> Concrete Counters	<input type="checkbox"/> Corian Counters
<input type="checkbox"/> Drapes	<input type="checkbox"/> Eat-In-Kitchen	<input type="checkbox"/> Energy Star Appliances	<input type="checkbox"/> Garage Apt
<input type="checkbox"/> Granite Counters	<input type="checkbox"/> Guest House	<input type="checkbox"/> Home Warranty	<input type="checkbox"/> Hot Tub

<input type="checkbox"/> Ice Maker Connection	<input type="checkbox"/> In-Law Apt	<input type="checkbox"/> LED Lighting	<input type="checkbox"/> None
<input type="checkbox"/> Other-Specify In Rmrks	<input type="checkbox"/> Out Building	<input type="checkbox"/> Pantry	<input type="checkbox"/> Passive Solar Design
<input type="checkbox"/> Pantry	<input type="checkbox"/> Plantation Shutters	<input type="checkbox"/> Pool Above Ground	<input type="checkbox"/> Pool Inground
<input type="checkbox"/> Programmable Thermostat	<input type="checkbox"/> Quartz Counters	<input type="checkbox"/> Recycled Materials	<input type="checkbox"/> Recycling Curbside
<input type="checkbox"/> RV Parking	<input type="checkbox"/> Skylight	<input type="checkbox"/> Smart Home	<input type="checkbox"/> Solar Tube
<input type="checkbox"/> Split Floor Plan	<input type="checkbox"/> Walk-In Closets	<input type="checkbox"/> Washer/Dryer Connection	<input type="checkbox"/> Wet Bar
<input type="checkbox"/> Woodstove			

Workshop Location:

<input type="checkbox"/> Attached	<input type="checkbox"/> Basement	<input type="checkbox"/> Detached	<input type="checkbox"/> Garage	<input type="checkbox"/> None
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Flood Zone:

<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Yes
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Flood Insurance Required: ☐ Yes ☐ Unknown ☐ No **Minerals:** ☐ Yes ☐ No

Pasture Acres: _____

Timber Acres: _____

Cultivated Acres: _____

***# of Farm Buildings:** _____

Ponds: _____

Streams: _____

***Allow Manufactured Home:** ☐ Yes ☐ No

In City Limit YN: ☐ Yes ☐ No

Out Buildings Information

	<u>Size (16 chrs)</u>	<u>Age (4 chrs)</u>	<u>Type (16 chrs)</u>	<u>Water (5 chrs)</u>	<u>Electric (Y/N)</u>	<u>HVAC (4 chrs)</u>	<u>Feed Bins (2 chrs)</u>
1							
2							
3							
4							
5							
6							

Interior Information:
Appliances:

<input type="checkbox"/> Built In Separate	<input type="checkbox"/> Convectional	<input type="checkbox"/> Countertop	<input type="checkbox"/> Dishwasher
<input type="checkbox"/> Double Oven	<input type="checkbox"/> Electric Cooktop	<input type="checkbox"/> Electric Dryer	<input type="checkbox"/> Electric Oven
<input type="checkbox"/> Electric Range	<input type="checkbox"/> Energy Star	<input type="checkbox"/> Garbage Disposal	<input type="checkbox"/> Gas Cooktop
<input type="checkbox"/> Gas Dryer	<input type="checkbox"/> Gas Oven	<input type="checkbox"/> Gas Range	<input type="checkbox"/> Glass Cooktop
<input type="checkbox"/> Hood	<input type="checkbox"/> Ice Machine	<input type="checkbox"/> Microwave	<input type="checkbox"/> Microwave Vent
<input type="checkbox"/> None	<input type="checkbox"/> Other-Specify in Remarks	<input type="checkbox"/> Propane Cooktop	<input type="checkbox"/> Propane Dryer
<input type="checkbox"/> Propane Oven	<input type="checkbox"/> Propane Range	<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Self Cleaning Oven
<input type="checkbox"/> Trash Compactor	<input type="checkbox"/> Vent a Hood	<input type="checkbox"/> Vented	<input type="checkbox"/> Ventless
<input type="checkbox"/> Washer			

****Floor Covering:**

<input type="checkbox"/> Bamboo	<input type="checkbox"/> Brick	<input type="checkbox"/> Carpet	<input type="checkbox"/> Ceramic Tile	<input type="checkbox"/> Concrete
<input type="checkbox"/> Cork	<input type="checkbox"/> Laminate	<input type="checkbox"/> Marble	<input type="checkbox"/> Other-Specify In Remarks	<input type="checkbox"/> Parquet
<input type="checkbox"/> Polished concrete	<input type="checkbox"/> Reclaimed	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Wood	<input type="checkbox"/> Wood Laminate

Windows:

<input type="checkbox"/> Double Plane	<input type="checkbox"/> Energy Efficient Coating	<input type="checkbox"/> Energy Star	<input type="checkbox"/> Metal	<input type="checkbox"/> Other-Specify In Remarks
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<input type="checkbox"/> Single Pane	<input type="checkbox"/> Storm	<input type="checkbox"/> Triple Pane	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Wood
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****Foundation:**

<input type="checkbox"/> Anchor and Hitch	<input type="checkbox"/> Block	<input type="checkbox"/> Brick	<input type="checkbox"/> Concrete Slab	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Insulating Concrete Forms	<input type="checkbox"/> Other –Specify In Remarks	<input type="checkbox"/> Pole	<input type="checkbox"/> Skirt	<input type="checkbox"/> Stone

****Equipment:**

<input type="checkbox"/> Antenna	<input type="checkbox"/> Built-In Ironing Board	<input type="checkbox"/> Central Vacuum
<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Garage Door Opener	<input type="checkbox"/> Intercom System
<input type="checkbox"/> Keyless Entry	<input type="checkbox"/> None	<input type="checkbox"/> Satellite
<input type="checkbox"/> Security System	<input type="checkbox"/> Smoke Detector	<input type="checkbox"/> Sprinkler
<input type="checkbox"/> Wired For Sound		

****Number of Fireplaces:** _____

****Fireplace:**

<input type="checkbox"/> 2-Sided	<input type="checkbox"/> Bedroom	<input type="checkbox"/> Electric Logs
<input type="checkbox"/> Family Room	<input type="checkbox"/> Free Standing	<input type="checkbox"/> Gas Logs
<input type="checkbox"/> Gas Starter	<input type="checkbox"/> Insert	<input type="checkbox"/> Kitchen
<input type="checkbox"/> Living Room	<input type="checkbox"/> None	<input type="checkbox"/> Outdoor
<input type="checkbox"/> Pellet Stove	<input type="checkbox"/> Wood Burning	<input type="checkbox"/> Wood Stove

****Number of Heat Systems:** _____

****Heating Systems:**

<input type="checkbox"/> Baseboard	<input type="checkbox"/> Central	<input type="checkbox"/> Commercial	<input type="checkbox"/> Electric	<input type="checkbox"/> Energy Star	<input type="checkbox"/> Floor Furnace
<input type="checkbox"/> Gas	<input type="checkbox"/> Geothermal	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Humidifier	<input type="checkbox"/> None	<input type="checkbox"/> Other
<input type="checkbox"/> Propane	<input type="checkbox"/> Radiator	<input type="checkbox"/> Radiant	<input type="checkbox"/> Solar	<input type="checkbox"/> Space Heater	<input type="checkbox"/> Wood Stove

Insulation:

<input type="checkbox"/> Cellulose	<input type="checkbox"/> Foam	<input type="checkbox"/> High R Value Ceiling
<input type="checkbox"/> High R Value Floors	<input type="checkbox"/> High R Value Walls	<input type="checkbox"/> Structural Insulated Panels

Utilities:

<input type="checkbox"/> Antenna	<input type="checkbox"/> Cable	<input type="checkbox"/> DSL	<input type="checkbox"/> Electric	<input type="checkbox"/> Electric Available
<input type="checkbox"/> Fiber Optic	<input type="checkbox"/> Gas Available	<input type="checkbox"/> Gas Not Available	<input type="checkbox"/> Gas Propane	<input type="checkbox"/> Gas Public
<input type="checkbox"/> Generator	<input type="checkbox"/> Other-Specify In Remarks	<input type="checkbox"/> Propane	<input type="checkbox"/> Rural Water-Tap PD	<input type="checkbox"/> Rural Water – Tap Needed
<input type="checkbox"/> Satellite	<input type="checkbox"/> Septic	<input type="checkbox"/> Septic Needed	<input type="checkbox"/> Sewer	<input type="checkbox"/> Sewer None
<input type="checkbox"/> Sewer Private	<input type="checkbox"/> Sewer Public	<input type="checkbox"/> Sewer Public Available	<input type="checkbox"/> Solar Panels	<input type="checkbox"/> STEP -Septic Tank Effluent Pumping
<input type="checkbox"/> Telephone	<input type="checkbox"/> Water None	<input type="checkbox"/> Water Private	<input type="checkbox"/> Water Public	<input type="checkbox"/> Water Public Available
<input type="checkbox"/> Water Well				

Solar Panel Owner:

<input type="checkbox"/> Entire Home Owned	<input type="checkbox"/> Partial Home Owned	<input type="checkbox"/> Entire Home Leased	<input type="checkbox"/> Partial Home Leased
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Generator Owner:

<input type="checkbox"/> Entire Home Owned	<input type="checkbox"/> Partial Home Owned	<input type="checkbox"/> Entire Home Leased	<input type="checkbox"/> Partial Home Leased
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****Number of A/C:** _____

****Air Condition:**

<input type="checkbox"/> Attic Fan	<input type="checkbox"/> Central	<input type="checkbox"/> Electric	<input type="checkbox"/> Energy Star
<input type="checkbox"/> Gas	<input type="checkbox"/> Geothermal	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> High SEER
<input type="checkbox"/> None	<input type="checkbox"/> OT	<input type="checkbox"/> Solar	<input type="checkbox"/> Window Unit
<input type="checkbox"/> Zone			

Energy Rating/Certification:

<input type="checkbox"/> Energy Star Qualified New Home	<input type="checkbox"/> HERS Rating	<input type="checkbox"/> LEED for Homes	<input type="checkbox"/> NAHB/NGBS-ICC 700
<input type="checkbox"/> None	<input type="checkbox"/> Other	<input type="checkbox"/> Unknown	

****Number of Water Heaters:** _____

****Water Heater:**

<input type="checkbox"/> Electric	<input type="checkbox"/> Gas	<input type="checkbox"/> Hot Water Recirculation	<input type="checkbox"/> None
<input type="checkbox"/> On Demand (In-line)	<input type="checkbox"/> Other Type	<input type="checkbox"/> Propane	<input type="checkbox"/> Solar
<input type="checkbox"/> Tankless			

Handicap Amenities:

<input type="checkbox"/> Elevator	<input type="checkbox"/> Hand Rails	<input type="checkbox"/> Lower Fixtures	<input type="checkbox"/> Meets ADA Requirements
<input type="checkbox"/> Other	<input type="checkbox"/> Ramp	<input type="checkbox"/> Wheelchair Access	<input type="checkbox"/> Wide Doorways

***Surveillance:** ☐ Yes ☐ No

***Security System:** ☐ Yes ☐ No

Equipment Held By:

<input type="checkbox"/> Lease	<input type="checkbox"/> Other (See Remarks)	<input type="checkbox"/> Own	
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Exterior Information

****Exterior:**

<input type="checkbox"/> Aluminum Siding	<input type="checkbox"/> Brick	<input type="checkbox"/> Cedar	<input type="checkbox"/> Concrete Block
<input type="checkbox"/> Concrete Siding	<input type="checkbox"/> Earth Shelter	<input type="checkbox"/> Exterior Insulation Finishing System	<input type="checkbox"/> Frame
<input type="checkbox"/> Log Siding	<input type="checkbox"/> Masonite Siding	<input type="checkbox"/> Metal Siding	<input type="checkbox"/> Other-Specify In Remarks
<input type="checkbox"/> Redwood	<input type="checkbox"/> Rock	<input type="checkbox"/> Steel	<input type="checkbox"/> Stucco
<input type="checkbox"/> Tile Wall	<input type="checkbox"/> Vinyl Siding		

***Lot Description:**

<input type="checkbox"/> Cleared	<input type="checkbox"/> Consider Subdivide	<input type="checkbox"/> Corner	<input type="checkbox"/> Cul-De-Sac
<input type="checkbox"/> Curbing	<input type="checkbox"/> Forest	<input type="checkbox"/> Hardwoods	<input type="checkbox"/> In Subdivision
<input type="checkbox"/> Landscaped	<input type="checkbox"/> Level	<input type="checkbox"/> Not In Subdivision	<input type="checkbox"/> Open
<input type="checkbox"/> Other-Specify In Remarks	<input type="checkbox"/> Orchard	<input type="checkbox"/> Out of City	<input type="checkbox"/> Resort Property
<input type="checkbox"/> Right of Way	<input type="checkbox"/> Rolling	<input type="checkbox"/> Rural Property	<input type="checkbox"/> Secluded
<input type="checkbox"/> Sidewalk	<input type="checkbox"/> Sloped	<input type="checkbox"/> South Facing	<input type="checkbox"/> Steep
<input type="checkbox"/> Timberland	<input type="checkbox"/> View	<input type="checkbox"/> Vineyard	<input type="checkbox"/> Will Subdivide

<input type="checkbox"/> Wooded	<input type="checkbox"/> Zero Lot Line		
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***Lot Location:**

<input type="checkbox"/> Busy Street	<input type="checkbox"/> Near Business District	<input type="checkbox"/> Near Fire Station	<input type="checkbox"/> Near Hospital
<input type="checkbox"/> Near Industrial Park	<input type="checkbox"/> Near National Forest	<input type="checkbox"/> Near Office Park	<input type="checkbox"/> Near Park
<input type="checkbox"/> Near Schools	<input type="checkbox"/> Near Shopping Center	<input type="checkbox"/> Near State Park	<input type="checkbox"/> Railroad Access
<input type="checkbox"/> Near Trails	<input type="checkbox"/> None		

Trail Type:

<input type="checkbox"/> Biking	<input type="checkbox"/> Frontage	<input type="checkbox"/> Greenway	<input type="checkbox"/> Mountain Biking
<input type="checkbox"/> Paved	<input type="checkbox"/> Unpaved	<input type="checkbox"/> Walking	

Landscaped:

<input type="checkbox"/> All	<input type="checkbox"/> Front	<input type="checkbox"/> None	<input type="checkbox"/> Professional Landscaped
<input type="checkbox"/> Rain Collection System	<input type="checkbox"/> Rear	<input type="checkbox"/> Side	

***Fencing:**

<input type="checkbox"/> 1 Side	<input type="checkbox"/> 2 Side	<input type="checkbox"/> 3 Side	<input type="checkbox"/> Backyard
<input type="checkbox"/> Chain Link	<input type="checkbox"/> Front Yard	<input type="checkbox"/> Front/Rear	<input type="checkbox"/> Iron (Metal)
<input type="checkbox"/> None	<input type="checkbox"/> Other-Specify In Remarks	<input type="checkbox"/> Partial	<input type="checkbox"/> Picket
<input type="checkbox"/> Rock Wall	<input type="checkbox"/> Split Rail	<input type="checkbox"/> Total	<input type="checkbox"/> Vinyl
<input type="checkbox"/> Wire	<input type="checkbox"/> Wood Privacy	<input type="checkbox"/> Yes	

****Roof:**

<input type="checkbox"/> Architectural Shingle	<input type="checkbox"/> Asphalt Shingle	<input type="checkbox"/> Built Up Roof	<input type="checkbox"/> Cedar Shake
<input type="checkbox"/> Concrete Tile	<input type="checkbox"/> Fiberglass Shingle	<input type="checkbox"/> Living Roof	<input type="checkbox"/> Metal Roofing
<input type="checkbox"/> Other-Specify In Remarks	<input type="checkbox"/> Reflective Roof Coating	<input type="checkbox"/> Slate	<input type="checkbox"/> Solar Shingles
<input type="checkbox"/> Tile Roof			

Water/Lake Property:

<input type="checkbox"/> Co-Owned Boat Dock	<input type="checkbox"/> Community Boat Slip	<input type="checkbox"/> Creek/Stream/Spring	<input type="checkbox"/> Lake Area
<input type="checkbox"/> Lake Front	<input type="checkbox"/> Lake View	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Pond
<input type="checkbox"/> Private Boat Dock	<input type="checkbox"/> River Front	<input type="checkbox"/> River View	<input type="checkbox"/> Seasonal View
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Wet Weather Creek	<input type="checkbox"/> Zoned for Boat Dock	

LAKE: _____

***Patio:**

<input type="checkbox"/> Balcony	<input type="checkbox"/> Brick	<input type="checkbox"/> Covered	<input type="checkbox"/> Deck
<input type="checkbox"/> Enclosed	<input type="checkbox"/> None	<input type="checkbox"/> Other-Specify In Remarks	<input type="checkbox"/> Partial
<input type="checkbox"/> Patio	<input type="checkbox"/> Porch	<input type="checkbox"/> Rock	<input type="checkbox"/> Screen
<input type="checkbox"/> Stone			

Community Information

***School District:** _____ **Aso/POA Fee Dues:** _____

***Aso/POA Paid Frequency:** ☐ Annual ☐ Monthly ☐ None ☐ Quarterly ☐ Semi-Annually

***Roads:**

<input type="checkbox"/> Common	<input type="checkbox"/> County Road	<input type="checkbox"/> Highway	<input type="checkbox"/> No Road
<input type="checkbox"/> Other	<input type="checkbox"/> Private	<input type="checkbox"/> Public	<input type="checkbox"/> Surface Dirt
<input type="checkbox"/> Surface Gravel	<input type="checkbox"/> Surface Paved		

Golf Course:

<input type="checkbox"/> Adjacent	<input type="checkbox"/> Area	<input type="checkbox"/> Golf Front	<input type="checkbox"/> Golf View
<input type="checkbox"/> Near Clubhouse	<input type="checkbox"/> Private	<input type="checkbox"/> Public	<input type="checkbox"/> Subdivision

Remarks Information***Directions (1030 Characters):** _____

Internal Remarks (255 Characters): _____

***Public Remarks (1030 Characters):** _____

MLS Remarks (1030 Characters): _____

Safety Concern Details(250 Characters): _____

Auction Information**Type:** ☐ Absolute ☐ Reserve**Date:** _____**Time:** _____**Location:** _____**Terms/Condition:** _____**Status Change: Information**

*Date:	<input type="checkbox"/> Pending	<input type="checkbox"/> Expired	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Leased/Rented	<input type="checkbox"/> Sold/Closed
*Date:	<input type="checkbox"/> Pending	<input type="checkbox"/> Expired	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Leased/Rented	<input type="checkbox"/> Sold/Closed
*Date:	<input type="checkbox"/> Pending	<input type="checkbox"/> Expired	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Leased/Rented	<input type="checkbox"/> Sold/Closed

Sale Price:** _____**Appraiser Name:** _____**Appraiser Phone:** _____**Buyer Name:** _____Selling Agent Name:** _____***Selling Office:** _____**Co Selling Agent Name:** _____**Co Selling Office:** _____