



MLS CHANGE REQUEST

Date: _____

MLS Number (only one per form): _____

Property Address: _____

Requested Change: _____

By signing below, the Participant requests that the Northwest Arkansas Board of REALTORS® make the change listed above in the MLS database. The accuracy of this information is the sole responsibility of the Participant.

Requesting Participant Printed Name

Requesting Participant Signature

Date

Listing Brokerage Name

All required fields for this listing must be complete in the MLS database in order for staff to process this request. The request cannot be processed unless the listing is fully complete.

Email request to MLS@ARKANSASONEMLS.ORG

STAFF USE ONLY

Date Completed: _____

Completed By (Initials): _____