VARIANCE REQUEST

Date:	Fax#		
Agent:	Agent ID#	Phone#	
Office:	Office ID#	Phone#	
Listing #:	Property Address:	Zip:	
Please specify the type of	variance and reason requeste	ed:	
			□ Property Type□ Mandatory Photos□ Room Sizes□ Other
Procedures:			
	y type variance request is approved the remarks shall include the follow		
	onal property type this form will be uxing this form back with new listin		ls. You must notify staff of
	will then be able to enter the hidde HAVE AN AUTHORIZED VARIAN PERTY ENTRIES		
DUPLICATE LISTING NUM	BER FOR PROPERTY TYPE VA	RIANCE ONLY: (ENTER O	NLY AFTER APPROVAL)
	(FAX BACK TO THE	E ASSOCIATION OF REALTORS	S AFTER ENTRY)
	and all changes shall be made to the vill mark the accurate listing "SOLI		
AGENT SIGNATURE:	BROK	ER SIGNATURE	
For AOR use only: APPROVED_	DENIED		
Variance code entered: Y N	Date:	Staff:	

ESDCAR Fax (619) 588-6510 • NSDCAR Fax (760) 734-3976 • PSAR Fax (619) 421-0087 • SDAR Fax (858) 715-8090