



EQUAL HOUSING



Signature of Owner(s) _____
 Address _____
 City _____ State _____ Zip _____
 Telephone _____

IF MLS IS TO PROCESS THIS DATA CORRECTION FORM FOR YOU, PLEASE COPY AND SEND OR FAX (614/475-4091) THIS BROKER'S COPY TO MLS. THANK YOU.

PROPERTY TYPE <small>Limit 1</small>		(5) COMMERCIAL DATA CORRECTION FORM		THIS DATA LOADED ON COMPUTER BY:							
<input type="checkbox"/> AUT AUTOMOTIVE <input type="checkbox"/> BNK BANK <input type="checkbox"/> CHURCH <input type="checkbox"/> ENT ENTERTAINMENT <input type="checkbox"/> HOT HOTEL/MOTEL <input type="checkbox"/> MLU MULTIPLE USES <input type="checkbox"/> OTH OTHER COM <input type="checkbox"/> RET RETAIL <input type="checkbox"/> RST RESTAURANT <input type="checkbox"/> SER SERVICE STATION <input type="checkbox"/> SHO SHOPPING CENTER		EACH LETTER, NUMBER, AND PUNCTUATION MARK REQUIRES ONE SPACE (N) = Use number(s) only RED = Required Data		If broker loaded, please put your initials in box above and MLS number in space below: ML # (N) _____ (ML) _____							
STATUS: UIC Under Construction P Proposed E Existing		CATEGORY: 5 (COMMERCIAL)		STATUS: A (ACTIVE)							
AREA: _____		LIST PRICE: \$ _____									
ADDRESS: _____		CITY: _____									
ZIP CODE: _____		SUITE # / UNIT #: _____		COMPLEX NAME: _____							
COUNTY: _____		PARCEL #: _____		MULTIPLE PARCELS: <input type="checkbox"/>							
MUNICIPALITY: _____		MAP TOP: _____		MAP SIDE: _____							
BETWEEN STREET: _____											
LIST OFFICE: _____		AREA CODE: _____		PHONE # _____							
LIST AGENT: _____		AREA CODE: _____		PHONE # _____							
SUB AGENCY: _____		BUYER BROKERAGE/TENANT REP: _____									
LIST DATE: _____		EXPIRE DATE: _____									
PROPERTY TYPE: _____		PREVIOUS USE: _____									
USE CODE: _____		ZONING: _____									
FOR SALE: <input type="checkbox"/>		EXCHANGE: <input type="checkbox"/>									
TOTAL BLDG SQ FT: _____ (N)		OCCUPANCY RATE: _____									
TAXES (YRLY): \$ _____ (N)		TAX INCENTIVE: _____									
CONDO FEE: \$ _____ (N)		MORTG BAL: \$ _____ (N)									
# OF DOCKS: _____ (N)		DOCK SIZE: _____ X _____		BAY SIZE: _____ X _____							
# DRIVE-IN DRS: _____ (N)		DRIVE-IN DRS SIZE: _____ X _____		# OF UNITS: _____ (N)							
TOT PARKING _____		PARKING RATIO/1000: _____		# OF FLRS ABV GRD: _____ (N)							
YEAR BUILT: _____		YEAR REMOD: _____		CEILING HEIGHT: _____' _____" (N)							
LOT SIZE-FRONT: _____ X _____		ACREAGE: _____		NEAR INTERCHANGE: _____							
DISTANCE TO INTERCHANGE: _____ MILES											
LEASE RATE \$/SQ FT: \$ _____ (N)		TERM DESIRED: _____									
EXP PAID BY: _____		T Reimburse L		T Contracts Directly							
ALL				WILL LANDLORD REMODEL: <input type="checkbox"/>							
RE TAXES				FINISH ALLOWANCE/SQ FT: \$ _____ (N)							
BLDG INSURANCE				PERCENTAGE RENT: <input type="checkbox"/>							
UTILITIES				PASS-THRU OF EXP OVR BASE YR: _____							
MAINT/REPAIRS				EXP STOP: \$ _____ (N)							
JANITORIAL											
CAM											
CUR YR EXT \$/SF: \$ _____		PER ABOVE CHECKED EXPENSES									
SUITE #		SQ FT (N)		DATE AVAIL							
1. _____		_____		_____							
2. _____		_____		_____							
3. _____		_____		_____							
4. _____		_____		_____							
TOT AVAILABLE SQ FT: _____ (N)		MAX CONTIGUOUS SQ FT AVAILABLE: _____ (N)		MIN SQ FT AVAILABLE: _____ (N)							
FINANCIALS FOR YEAR OF: _____ (N)											
GROSS RENTAL INCOME: \$ _____ (N)		OTHER INCOME: \$ _____ (N)									
EFFECTIVE INCOME: \$ _____ (N)		VAC & CR LOSS: \$ _____ (N)									
EXPENSES (N)		EXPENSES (N)									
R.E. TAXES: \$ _____		PERS PROP TAXES: \$ _____									
PROP INSURANCE: \$ _____		PROP MANAGEMENT: \$ _____									
OFF-SITE MANAGEMENT: \$ _____		PAYROLL-ONSITE PERSONNEL: \$ _____									
EXPENSES/BENEFITS: \$ _____		TAXES/WORKMAN'S COMP: \$ _____									
REPAIRS & MAINTENANCE: \$ _____		GAS EXPENSE: \$ _____									
ELEC EXPENSE: \$ _____		WATER EXPENSE: \$ _____									
ACCOUNTING & LEGAL: \$ _____		LEASING COMMISSIONS: \$ _____									
ADVERTISING/LIC/PERMITS: \$ _____		SUPPLIES: \$ _____									
MISCELLANEOUS: \$ _____		CONTRACT SERVICES: \$ _____									
TOTAL OP EXPENSES: \$ _____ (N)		NET OP INCOME: \$ _____ (N)									
OPEN HOUSE DATE: _____		OPEN HOUSE TIME: _____									
TOUR DATE: _____		TOUR TIME: _____									
AUCTION: _____		AUCTION DATE: _____		DEPOSIT REQ: \$ _____ (N)							
CONDITIONS: _____											
1. _____											
2. _____											
3. _____											
4. _____											
PLEASE CAREFULLY MARK THE BOXES BESIDE THE NUMBER FOR YOUR FEATURES											
1 - HEAT FUEL No Limit <input type="checkbox"/> 1. ELEC <input type="checkbox"/> 2. GAS <input type="checkbox"/> 3. OIL <input type="checkbox"/> 4. OTHER 2 - HEAT TYPE No Limit <input type="checkbox"/> 1. FORCED AIR <input type="checkbox"/> 2. HEAT PUMP <input type="checkbox"/> 3. HOT WATER <input type="checkbox"/> 4. OTHER <input type="checkbox"/> 5. RADIANT <input type="checkbox"/> 6. STEAM 3 - ELECTRIC No Limit <input type="checkbox"/> 1. 3 PHASE <input type="checkbox"/> 2. SINGLE PHASE		4 - SERVICES AV No Limit <input type="checkbox"/> 1. ELECTRIC <input type="checkbox"/> 2. GAS <input type="checkbox"/> 3. NONE <input type="checkbox"/> 4. SANITARY SEW <input type="checkbox"/> 5. STORM SEWER <input type="checkbox"/> 6. WATER <input type="checkbox"/> 7. WELL 5 - CONSTRUCTION No Limit <input type="checkbox"/> 1. BLOCK <input type="checkbox"/> 2. FRAME <input type="checkbox"/> 3. MASONRY <input type="checkbox"/> 4. METAL <input type="checkbox"/> 5. OTHER <input type="checkbox"/> 6. PRE-ENGINEERED <input type="checkbox"/> 7. PROPOSED <input type="checkbox"/> 8. TILT-UP <input type="checkbox"/> 9. UNDER CONSTR		6 - SPRINKLER No Limit <input type="checkbox"/> 1. DRY <input type="checkbox"/> 2. NONE <input type="checkbox"/> 3. WET 7 - MISC No Limit <input type="checkbox"/> 1. AIR CONDITION <input type="checkbox"/> 2. BLDG PLANS <input type="checkbox"/> 3. DEMOGRAPHICS <input type="checkbox"/> 4. EPA STUDY <input type="checkbox"/> 5. HANDICAP ACC <input type="checkbox"/> 6. LAWN SPRINKLER <input type="checkbox"/> 7. PROP RESTRICTN <input type="checkbox"/> 8. PUBLIC TRANS <input type="checkbox"/> 9. SECURITY SYS <input type="checkbox"/> 10. SURVEY		8 - MULT USE No Limit <input type="checkbox"/> 1. AUTOMOTIVE <input type="checkbox"/> 2. BANK <input type="checkbox"/> 3. CHURCH <input type="checkbox"/> 4. ENTERTAINMENT <input type="checkbox"/> 5. HOTEL/MOTEL <input type="checkbox"/> 6. INDUSTRIAL <input type="checkbox"/> 7. LAND/FARM <input type="checkbox"/> 8. MULTI-FAMILY <input type="checkbox"/> 9. OFFICE <input type="checkbox"/> 10. RESIDENTIAL <input type="checkbox"/> 11. RESTAURANT <input type="checkbox"/> 12. RETAIL <input type="checkbox"/> 13. SERV STATION <input type="checkbox"/> 14. SHOPPING CTR		9 - NEW FINANCE No Limit <input type="checkbox"/> 1. ASSUMABLE <input type="checkbox"/> 2. CONVENTIONAL <input type="checkbox"/> 3. LAND CONTRACT <input type="checkbox"/> 4. OTHER <input type="checkbox"/> 5. OWNER 10 - PHOTO INSTR *If out-of-country listing, photographed and billed by printer at extra cost, please mark box 8 or 9 or listing will be processed without photo except in (D), Delaware, (M) Madison and (U) Union Counties. Limit 1 <input type="checkbox"/> 1. 100 2COL FCT <input type="checkbox"/> 2. 200 2COL FCT <input type="checkbox"/> 3. 100 B/W FACT <input type="checkbox"/> 4. 200 B/W FACT <input type="checkbox"/> 5. 25 COLOR PH FCT <input type="checkbox"/> 6. PRINT W/O PHO <input type="checkbox"/> 7. DIMU COUNTY <input type="checkbox"/> 8. INSTR ATTCHD <input type="checkbox"/> 9. ATTCHD PHOTO <input type="checkbox"/> 10. 1 COL PHOTO <input type="checkbox"/> 11. 2 COL PHOTO <input type="checkbox"/> 12. ATT 2ND PHOTO		<input type="checkbox"/> 13. ATT 1 XTR PHOTO <input type="checkbox"/> 14. ATT 2 XTR PHOTO <input type="checkbox"/> 15. ATT 3 XTR PHOTO <input type="checkbox"/> 16. ATT 4 XTR PHOTO <input type="checkbox"/> 17. ATT 5 XTR PHOTO <input type="checkbox"/> 18. ATT 6 XTR PHOTO <input type="checkbox"/> 19. ATT 7 XTR PHOTO <input type="checkbox"/> 20. ATT 8 XTR PHOTO For Additional Remarks: Worksheet Only <input type="checkbox"/> 21. 100 2COL FCT <input type="checkbox"/> 22. 200 2COL FCT <input type="checkbox"/> 23. 100 B/W FACT <input type="checkbox"/> 24. 200 B/W FACT <input type="checkbox"/> 25. 25 COL PH FCT <input type="checkbox"/> 26. PRINT W/O PHO <input type="checkbox"/> 27. DIMU COUNTY <input type="checkbox"/> 28. INSTR ATTCHD <input type="checkbox"/> 29. ATTCHD PHOTO <input type="checkbox"/> 30. 1 COL PHOTO <input type="checkbox"/> 31. 2 COL PHOTO	

THE ABOVE DATA IS SUBJECT TO ERRORS, OMISSIONS, OR REVISIONS, AND IS NOT WARRANTED!



OTHER CHANGES


 EXTENSION THROUGH _____
 (Broker/Authorized and Owner's Signature Required)

BACK ON MARKET (Broker/Authorized Signature Required)

BY _____ Salesperson

DATE _____

 WITHDRAWN FROM MLS - does not negate the provisions of the Exclusive Listing Contract
 executed on _____
 (Broker/Authorized and Owner's Signature Required)

 WITHDRAWN AND RESCINDED FROM MLS - by separate agreement of the parties
 (Broker/Authorized and Owner's Signature Required)

 Signature of _____
 Owner(s) _____