

NEW LISTING INFO SHEET



MLS # _____
 Listing Date: _____
 Expiration Date: _____
 Listing Price \$ _____
 Notes: _____

Keybox Tag # _____
 Lockbox Serial# _____
 CBS Code _____ Shackle# _____
 Lockbox Location _____

 Notes: _____

PROPERTY ADDRESS

Property Address: _____

 PID: _____
 Legal Address: _____

 First Owner Name: _____
 Second Owner Name: _____
 Mailing Address (if different from above): _____

OWNER'S CONTACT INFO

Home #: _____
 Cell #: _____
 Office #: _____
 Fax #: _____
 Email: _____
 Occupation/ Other Info: _____

MORTGAGE INFO

Bank: _____ Phone #: _____
 Contact Name: _____
 Amt: _____ Term: _____
 Expiry: _____ Mo. Payment: _____
 Intrest Rate: _____ Penalty: _____

BUILDING PROPERTY MANAGEMENT CO.

Company Name: _____
 Office Main Ph #: _____
 Contact Person: _____
 Direct Ph #: _____

BUILDING INFO

Building Name: _____
 Age: _____ Yr Built: _____ AGM Date: _____
 Total # of Suites _____ Inv. _____ Owner Occ. _____
 On Site Mgr: _____ Phone # _____
 Mgr Suite # (If Resident): _____ Ring Code: _____
 Concierge: Yes No Phone #: _____
 Concierge Name(s): _____
 Rentals: Yes No Pets: Yes No
 Other Restrictions/Info: _____

Facilities: Location _____ Level _____
 I/D Pool Sauna Jacuzzi Gym
 Signs Allowed: Yes No Sign Ordered Yes No
 Location of Sign _____
 Lobby Bulletin Board: Yes No Date Put Up: _____
 Flyer Stand at Ppty Dropped Off: _____
 Flyer Stand at Ppty Picked Up: _____
 Building Warranty Yes No Expiry Date: _____
 Builder of Building _____
 Additional Notes: _____

SUITE INFO

Sq. Ft: _____ Lot Size (House): _____ X _____
 No. of Levels: _____ Bed: _____ Dens: _____ Bath _____
 Facing Direction: _____ Suite Keys: Yes No
 Taxes: _____ For Year: _____
 Maint. Fee: _____ For Year: _____
 Parking Stall #: _____ Location: _____
 Storage Locker#: _____ Location: _____

Ring Code: _____ Alarm Code: _____
 Maint. Incl.: Mgr Hot Water Heat
 Rec. Fac. Gas
 Other _____
 Heating: Elec. Gas (Rad. or Hot Water)
 Fireplace: Yes No If Yes: Gas Wood
 Balcony Dishwasher I/S Laundry

TENANT INFO

Tenants Name: _____
 Phone 1: _____ Phone 2: _____
 Showing Instructions _____

 Tenancy: Month-Month Lease
 Lease Dates: _____
 From: _____ To: _____
 Damage Deposit: _____ Rent Amount: _____

Pty Mgr. for Tenant: _____
 Contact #'s for Mgr: _____

 Suite Entry Code: _____
 Additional Tenant Notes: _____

Key Info

Lobby Entry Card: Yes c No c
 Remote/Card#: _____
 Remote Bought by Les: _____
 Amount Paid: _____
 Remote Owned by: Seller c Tenant c

Entry FOB#:
 Common Keys:
 Suite Keys:
 Mailbox Key:
 FOB or Card #s:
 Visitor Pass #:
 Storeroom Keys:
 Padlock Keys:

<p>MY REAL PAGE WEBSITE SUMISSION <input type="checkbox"/></p> <p>Floor Plan & Floor Plate Loaded Date : _____ <input type="checkbox"/> Pictures Uploaded Date : _____ <input type="checkbox"/> Virtual Tour - Date Ordered: _____ <input type="checkbox"/> Virtual Link Address _____ <input type="checkbox"/> Virtual Contact Webview-360 Glen Stensrud 604-801-6650 <input type="checkbox"/> Final Corrected Website Handout Printed for File: _____ <input type="checkbox"/></p>	<p>CO-LISTING AGENCY</p> <p>Co-Listing Agent: _____ <input type="checkbox"/> Company: _____ <input type="checkbox"/> Additional Info: _____ <input type="checkbox"/> _____ <input type="checkbox"/> Phone #'s: _____ <input type="checkbox"/></p>
<p>REAL ESTATE BOARD (MLS) <input type="checkbox"/></p> <p>604-730-3010 (o) 604-730-3100 (f) <input type="checkbox"/> Replacement Picture Sent Date: _____ <input type="checkbox"/> Second Picture Sent Date: _____ <input type="checkbox"/> Final corrected handout printed: Yes c <input type="checkbox"/> Add Link & Internet Comments: _____ <input type="checkbox"/></p>	<p>PPTY IS REFERRED/LEAD CAME FROM <input type="checkbox"/></p> <p>Referral Received From: _____ <input type="checkbox"/> Company: _____ <input type="checkbox"/> Phone #'s: _____ <input type="checkbox"/> _____ <input type="checkbox"/> Lead Came From: Web c Real Estate Guide c <input type="checkbox"/> Urban Trends c Western Investor c <input type="checkbox"/> Past Clients c Friends c <input type="checkbox"/> Newspaper c</p>

BUSINESS OR COMMERCIAL LISTING INFO

Name of Business: _____
 Address: _____
 S/F of Business: _____
 Employees: _____
 Monthly Lease Rate: _____
 Monthly Taxes: _____
 Gross Income: _____
 Net Income: _____
 Common Area Maintenance (CAM): _____
 Lease From: _____ to _____

Total Gross Lease (Incl. Taxes & CAM): _____
 Equipment Value: _____
 Capacity: _____
 Years Established: _____
 Accountants Name & No. _____
 Address: _____
 Phone: _____ Fax: _____
 Lawyers Name & No. _____
 Address: _____
 Phone: _____ Fax: _____