



DATE: _____

**TO: HICENTRAL MLS, LTD. MULTIPLE LISTING SERVICE
1136 12TH AVE., STE 200, HONOLULU, HI 96816**

FROM: _____
OFFICE NAME

OFFICE MAILING ADDRESS

OFFICE PHONE NUMBER **FAX PHONE NUMBER**

DESIGNATED REALTOR® OR BIC – NAME • RB # • PHONE NUMBER • E-MAIL ADDRESS

LISTING AGENT NAME • RS/RB # • PHONE NUMBER • E-MAIL ADDRESS

RE: Attached Reciprocal listing for the property located at:

PROPERTY ADDRESS **CITY** **STATE** **ZIP-CODE**

Our office is submitting this reciprocal listing to the HICENTRAL MLS, LTD. Multiple Listing Service, pursuant to the existing MLS reciprocal arrangement between the Honolulu Board of REALTORS® and the MLS Service which my office holds membership.

I have received and agree to abide by and comply with the Honolulu of REALTORS® MLS Rules & Regulations, & Board Bylaws. I further agree to resolve any arbitration dispute which may arise according to the arbitration procedures of the Professional Standards & Arbitration Committee of the Honolulu Board of REALTORS® and thereby be bound.

DESIGNATED REALTOR® OR BIC SIGNATURE

DATE