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**IRES** *MLS*  
**ColoProperty.com**<sup>®</sup>

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**TRANSFER/ CHANGE NOTICE**

Effective Date: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_

**I WOULD LIKE TO REINSTATE MY MLS SUBSCRIPTION** \*Services must have been cancelled within 6 months\*

**COMPLETE SUBSCRIBER/TEAM OFFICE TRANSFER DETAILS BELOW: (\$20/person or team)**

**OFFICE LEAVING:**

**OFFICE TRANSFERRING TO:**

_____	OFFICE NAME	_____
_____	MANAGING BROKER	_____
_____	ADDRESS	_____
_____	CITY/ZIP CODE	_____
_____	TELEPHONE	_____
_____	FAX NUMBER	_____
_____	STATUS CHANGE (ie. Agent to Broker or Broker to Agent)	_____

**Listings that are staying at your former office:**

**Listings you're bringing with you:** (signature required)

MLS# \_\_\_\_\_ ADDRESS \_\_\_\_\_

MLS# \_\_\_\_\_ ADDRESS \_\_\_\_\_

MLS# \_\_\_\_\_ ADDRESS \_\_\_\_\_

MLS# \_\_\_\_\_ ADDRESS \_\_\_\_\_

**\*FORMER MANAGING BROKERS SIGNATURE** (Only required if moving listings to new office)

**Please select if you are leaving or a joining a team:**  **JOINING**  **LEAVING**

TEAM NAME: \_\_\_\_\_

**Are you a member of a Board or Association of REALTORS®?**  **YES**  **NO**

Name of Board/Assn of REALTORS®: \_\_\_\_\_ NRDS #: \_\_\_\_\_

**UPDATE CONTACT INFORMATION FOR INDIVIDUAL**

**OLD INFO**

**NEW INFO**

_____	NAME	_____
_____	CONTACT NUMBER	_____
_____	EMAIL	_____
_____	FAX NUMBER	_____
_____	WEBSITE	_____
_____	ADDRESS	_____