



CTMLS Listing Change Form

127 Washington Avenue
West Building, Second Floor
North Haven, CT 06473
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www.ctstatewidemls.com



Property Address: _____ Date: ___/___/___
 Office Name: _____ Office Code: _____
 Agent Name: _____ Phone #: ___ - ___ - ___ User Name: _____
 MLS #: _____

The following changes require the Owner and Broker or Sales Associate signatures and signature dates.

___ Price Change: _____ Was \$ _____ Now \$ _____

___ Expiration Date Change: _____ Was ___/___/___ Now ___/___/___

___ Change status to TEMP. Temporarily off Market.

___ Change status to CANCL. All contractual obligations terminated. **Broker or Manager signature required.**

___ Change TEMP status to ACT

___ Return DEPOS to ACT. Transaction fell through.

___ Change status to WITH. Withdraw a listing or deposit.
Contractual obligation still in force.

___ Return SHOW to ACT. Transaction fell through.

___ Change WITH status to ACT. MLS only function.

___ Return HUBRD to ACT. Transaction fell through.

___ Change status to CLOSE. (Sales information needs to be completed)

___ Change EXP to ACT.
(Listing agent may return EXP to ACT within 10 days of EXP date)

SALES INFORMATION: Contract Date: ___/___/___
Close Date: ___/___/___ Close Price: \$ _____ Selling Agent Name: _____

CHANGE LISTING INFORMATION

Field _____ From _____ To _____

REVISED REMARKS (limit 250 characters)

The undersigned, being owner(s) of the above property, authorize these changes which become a part of the original listing agreement.

Seller's Signature: _____ Date: ___/___/___

Address: _____

Seller's Signature: _____ Date: ___/___/___

Address: _____

Broker/Sales Associate Signature: _____ Date: ___/___/___