



7347 57th Avenue Kenosha, WI 53142
Ph (262) 942-0592

SOUTHSHORE MLS, INC.
APPLICATION FOR MLS OFFICE NAME CHANGE

Present office name: _____

Designated REALTOR®/Broker name: _____

NEW office name: _____

Office address: _____

Office E-Mail Address: _____ Office Phone: _____

This change will go into effect on: _____

Names of principals, partners & corporate officers (If more space is needed please attach information on an additional sheet)

Name: _____

Home Address: _____ Phone: _____

Is this a change in office ownership from the previous name? YES _____ NO _____

_____ Copy of the Corporate License

Please submit a list of Agents in the Office and their New E-mails. (If more space is needed please attach information on an additional sheet)

I hereby certify that the information furnished by me is true and correct to the best of my knowledge, and I agree that failure to provide accurate information as requested, or any misstatement of fact, shall be grounds for revocation of my membership.

Broker's Signature _____ Date: _____

For office use only

Date Approved By MLS Directors: _____

CONSTANT CONTACT: _____ MLS QB: _____ SRA QB _____ IMIS _____ JENNA EMAIL _____

JAN EMAIL _____ METRO _____