



7347-57<sup>th</sup> Avenue  
Kenosha, WI 53142  
Ph: 262-942-0592

**Request for Subscription Fee Waiver From  
Southshore MLS Inc.**

The REALTOR Participant (Broker/Owner) of the service shall be exempt from payment of Multiple Listing subscription fees for any individual employed by or affiliated as an independent contractor with the Participant who does not actually have access to and use of the service.

Please complete the following information:

Reason for exemption (please provide specific details)

\_\_\_\_\_

Such exemption shall be effective from \_\_\_\_\_ to \_\_\_\_\_. The exemption shall be effective

when approved by the Board of Directors of the Southshore MLS Inc. The exemption for any individual shall automatically be revoked upon the individual's utilization of the service in any manner.

**CERTIFICATION OF INDIVIDUAL AFFILIATED WITH REALTOR PARTICIPANT (BROKER/OWNER) IN THE SOUTHSORE MLS INC:**

I, \_\_\_\_\_, associated with \_\_\_\_\_, Name  
of Agent Name of Broker/Owner

do not use the Multiple Listing Service in any way at any time, and understand that if I should utilize the Multiple Listing Service at any time, the Participant (broker/owner) with whom I am affiliated with is obligated to pay an additional individual subscription fee. I further understand that my MLS password, code, and Sentrilock Key Card (if applicable) will be suspended until the expiration date of this exemption and any listings assigned to me must be assigned to another agent. This must be verified in writing and sent to the MLS.

Signature of Agent \_\_\_\_\_ Date: \_\_\_\_\_

**CERTIFICATION OF REALTOR PARTICIPANT (BROKER/OWNER) IN THE SOUTHSORE MLS INC AS TO ABOVE NAMED INDIVIDUAL'S CERTIFICATION:**

I agree that if \_\_\_\_\_ utilizes the Multiple Listing Service in any way at a future date, I will notify the service and pay the required subscription fee of the Multiple Listing Service.

Signature of MLS Participant (broker/owner) \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only**

Copy of form to EO on (date): \_\_\_\_\_ Date approved by MLS Board of Directors: \_\_\_\_\_

MLS Billing: \_\_\_\_\_ Sentrilock Key: \_\_\_\_\_ IMIS: \_\_\_\_\_ Metro: \_\_\_\_\_