

# Listing Description Form



*\*Please send header and typed description via email, PDF, or Microsoft Word*

Date: \_\_\_\_\_ Price: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

LA 1: \_\_\_\_\_ LA 2: \_\_\_\_\_ Source: \_\_\_\_\_

VIN: \_\_\_\_\_ Title 1: \_\_\_\_\_ Title 2: \_\_\_\_\_ Title 3: \_\_\_\_\_  
Title 4: \_\_\_\_\_

Street Address: \_\_\_\_\_ Lot #: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Showing Instructions (Code?): \_\_\_\_\_ Occupancy: \_\_\_\_\_

Park: \_\_\_\_\_ Lot Rent: \_\_\_\_\_

Rent	<b>Lawn</b>	<b>Sewer</b>	<b>Trash</b>	Park Amenities:	Laundry in Building	Gym
Codes:	<b>Water</b>	<b>Irrigation</b>	<b>Cable</b>		Rec Room	Pool
					Tennis Court	Pets Allowed
					Storage Available	Golf
					Gated	Clubhouse
					Playground	55+ Community

Manufacturer: \_\_\_\_\_ Sq.Ft.: \_\_\_\_\_

Width: \_\_\_\_\_ Length: \_\_\_\_\_ Year: \_\_\_\_\_

Exterior Color: \_\_\_\_\_ Appliance Color: \_\_\_\_\_

Flooring: \_\_\_\_\_ Bed: \_\_\_\_\_ Bath: \_\_\_\_\_

Furnace: \_\_\_\_\_ Water Heater: \_\_\_\_\_ Roof Type: \_\_\_\_\_ Skirting: \_\_\_\_\_  
*Electric, Gas      Electric, Gas      Shingled, Rubber, R/O, Metal      Vinyl, Aluminum, Brick, Stucco*

<input type="checkbox"/> Tiedowns	<input type="checkbox"/> Raised Slab	<input type="checkbox"/> Garage	<input type="checkbox"/> Carport	<input type="checkbox"/> Double Driveway
<input type="checkbox"/> Sun Room	<input type="checkbox"/> Florida Room	<input type="checkbox"/> Screen Porch	<input type="checkbox"/> Patio	<input type="checkbox"/> Patio (Covered)
<input type="checkbox"/> Deck	<input type="checkbox"/> Pantry	<input type="checkbox"/> Laundry Room	<input type="checkbox"/> Handicap Access	<input type="checkbox"/> Smoke-Free Home
<input type="checkbox"/> Motorport	<input type="checkbox"/> Storage Shed	<input type="checkbox"/> Irrigation System		
<input type="checkbox"/> Cathedral Ceiling	<input type="checkbox"/> Skylight	<input type="checkbox"/> Walk-in Closet	<input type="checkbox"/> Fireplace	<input type="checkbox"/> Garden Tub
<input type="checkbox"/> Range/Oven	<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Garbage Disposal	<input type="checkbox"/> Microwave (Built-in)
<input type="checkbox"/> Clothes Washer	<input type="checkbox"/> Clothes Dryer	<input type="checkbox"/> Ceiling Fan	<input type="checkbox"/> Central A/C	<input type="checkbox"/> Window A/C
<input type="checkbox"/> Gutters	<input type="checkbox"/> Thermopane	<input type="checkbox"/> Storm Windows	<input type="checkbox"/> Shutters	<input type="checkbox"/> Awning

*\* This information is believed to be correct, but not warranted.*

Owner: \_\_\_\_\_ Co-Owner: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Owner Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner Email: \_\_\_\_\_