

# CENTRALIZED SHOWING SERVICE

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## SHOWING INSTRUCTIONS FORM

Please PRINT all information in order for CSS to input your listings accurately.

 **New Listing**     **Change**
**Listing Agent:***( Listing Agent appearing on the MLS Printout only)***MLS Office ID:****Property MLS #:****Listing Address:***(Please include Unit # if applicable)***City:****Status:****Price:****Type of Access:** (Check one of the following.) **SUPRA** **Combination Lockbox****Combination:** **No Lockbox****Type of Appointment:** (Check one of the following.) **GO** (vacant; no calls made) **COURTESY** (call, leave message & show) **APPOINTMENT REQUIRED** (must confirm with seller/tenant/listing agent)**Special Instructions:** (notice, alarms, pets, key box location, appraisals to call LA, etc.)**Security:**  **None** **Yes****In:****Out:****Password:****Pets:**  **None** **Yes****Location:****Appraisals / Inspections to be set up by listing agents:** **Yes** **No****Contact Numbers SLR/TNT:** (Please put the numbers in the order you would like them called.)**1. Name:****Phone #:** (      )**2. Name:****Phone #:** (      )**3. Name:****Phone #:** (      )**4. Name:****Phone #:** (      )

Please fax completed form to 513-354-5553.