

**DIXIE GILCHRIST LEVY COUNTIES BOARD OF REALTORS INC.  
DIXIE GILCHRIST LEVY MULTIPLE LISTING SERVICE INC.**

**FACSIMILE/EMAIL CONSENT FORM**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

I hereby consent to receive fax and email transmissions of all kinds sent from the Dixie Gilchrist Levy Counties Board of REALTORS® Inc. And Dixie Gilchrist Levy Multiple Listing Service, Inc. to my fax number(s) set forth above. I also consent to receive fax transmissions and email transmissions, including but not limited to those advertising properties for sale, from any and all members of the Dixie Gilchrist Levy Counties Board of Realtors Inc., and the Dixie Gilchrist Levy Multiple Listing Service Inc., as reflected on its membership rolls from time to time.

Signature: \_\_\_\_\_

As: \_\_\_\_\_

Date: \_\_\_\_\_

**Please submit this application and your check for payment to:  
Dixie Gilchrist Levy Board of REALTORS, Inc.  
Attn: Membership  
P.O. Box 2059  
Chiefland, FL 32644-2059**

Or Mail Check and e-mail application to:  
**AE@DGLMLS.com**