

# NORTHERN NECK ASSOCIATION OF REALTORS

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## REQUEST FOR WAIVER FROM MLS MONTHLY FEES

In accordance with the NNAR MLS Guidelines, Policies, & Procedures, I apply for a waiver from payment of the MLS monthly fees.

**Name of Agent** \_\_\_\_\_

**Full Explanation of circumstances:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Period of Waiver (Not to exceed the last day of the current year.)** \_\_\_\_\_

**Terms:** I have been explained the MLS Guidelines, Policies, & Procedures with regard to Waivers:

**Date** \_\_\_\_\_ **Agent Signature** \_\_\_\_\_

I have explained to the agent the NNAR MLS Guidelines, Policies & Procedures for a Waiver and I am sure the agent fully understands that if the agent violates any of the foregoing I will be fined and be subject to suspension or termination from the NNAR MLS.

**Broker Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Firm Name** \_\_\_\_\_

The following for Office use ONLY:

\_\_\_\_\_ 1. Referral agent only - No Desk Duty.

\_\_\_\_\_ 2. Out of the Commonwealth of Virginia for extended period.

\_\_\_\_\_ 3. Personal/Family illness.

APPROVED: \_\_\_\_\_ DISAPPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE OF EXPIRATION: \_\_\_\_\_ BY: \_\_\_\_\_

(MLS Chair/Assn . Exec.)