

**REQUIRED FORM FOR SUBMITTING RECIPROCAL LISTINGS TO  
Dixie Gilchrist Levy Board of Realtors  
PO 2059, Chiefland, FL 32644 Phone: 352-493-9683 FAX 1-877-469-5094**

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

Address of listing:  
\_\_\_\_\_

Designated Realtor (LA): \_\_\_\_\_

Member of the \_\_\_\_\_ Board/Association

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

Broker: \_\_\_\_\_

Firm Address: \_\_\_\_\_

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

Firm Telephone: \_\_\_\_\_ Firm Fax \_\_\_\_\_

Designated Realtor Preferred Contact Method: \_\_\_\_\_

**Please enclose a listing fee of \$75 per listing payable to the DGL MLS to initiate processing. Please return the appropriate completed Input Forms, AND a fully executed listing agreement for each listing to be entered. You can send photos and addendums (for upload into listing) via email to [AE@DGLMLS.com](mailto:AE@DGLMLS.com) .**

Verified by: \_\_\_\_\_ Association Executive  
GACAR/LAKE CITY  
Verified by: \_\_\_\_\_ Staff-Other  
GACAR/LAKE CITY

**DESIGNATED REALTOR PLEASE SIGN:**

**I UNDERSTAND THAT BY PROVIDING MY EMAIL ADDRESS(ES) TELEPHONE NUMBER(S) AND FAX NUMBER(S) ABOVE, I CONSENT TO RECEIVE COMMUNICATIONS SENT FROM THE DGLMLS (DGLBOR), THE STATE ASSOCIATION OF REALTORS AND THE NATIONAL ASSOCIATIONS OF REALTORS VIA EMAIL, TELEPHONE OR FACSIMILIE AT THOSE NUMBER(S)-LOCATION(S).**

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**SIGNATURE OF MEMBER** **PRINTED NAME**

**NOTE: IF ALL REQUIRED FIELDS AND APPROPRIATE SIGNATURES ARE NOT COMPLETELY FILLED IN, THE LISTING MATERIALS WILL BE RETURNED TO YOU.**