

Greenwich Multiple Listing Service Single Family Data Input Form

ML# _____ Firm ID _____ List Price _____
 Owner _____ Zoning _____ Owner Fncg _____
 Street # _____ Dir _____ Street Name _____ Zip Code _____ For Rent _____
 Section _____ Association _____ Area _____
 Prop ID _____ CIOA _____ #Bdrms _____ #FBths _____ #HBths _____ #FPs _____

Listing Office Information

Listing Firm _____ Excl Agency _____
 Listing Agent _____ Agent ID _____ Cooperating % _____ Syndication _____
 Email _____ Broker Fee Other _____ Internet _____
 Show Instr _____ Cell Phone _____ List Date _____ Adrs on Internet _____
 Occupancy _____ Ownr Phone _____ Expiration Date _____ Virtual Tour _____
 Photo _____

OPEN HOUSE
 Date _____ Tuesday District _____ Thursday District _____ * Other _____
 Remarks _____
 Co-List _____
 Firm ID _____ Phone _____

General Information

	1st	2nd	3rd	LL	FP	Ceilings	Comments						
Entry Hall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Year Blt	_____	Design	_____	Features	_____
Liv Rm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Year Rnv	_____	Floor Plan	_____		_____
Din Rm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roof Insl R-	_____	SqFt +/-	_____		_____
Lib/Den	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wall Insl R-	_____	Source SqFt	_____		_____
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cool Sys	_____	Exterior	_____		_____
Pwdr Rm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heat Sys	_____	Roof	_____		_____
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HS Fuel	_____	Acres +/-	_____		_____
								Hot Water	_____	Lot Desc	_____	Outbuilding	_____
								Attic	_____		_____		_____
M Bdrm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bsmnt	_____	Wtr Lot Desc	_____		_____
M Bath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____	Wtrfrt Desc	_____	Included	_____
								Garage #	_____	Assmnt	_____		_____
D Bdrm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gar Desc	_____	Mill Rate	_____		_____
S Bdrm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water	_____	Taxes	_____		_____
Bath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sanit	_____	Sp Tax/Yr	_____		_____
Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gas	_____	Assn Chg/Yr	_____	Excluded	_____
Laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Elem	_____	Documents	_____		_____
Other Rm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Middle	_____		_____		_____
Other Rm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pool	_____		_____		_____
Other Rm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Court	_____		_____		_____

Remarks _____

Agent to Agent Remarks _____

Information Believed To Be Accurate But Subject to Verification By All Parties.

Owner Signature _____ Date _____ Authorized Signature _____ Date _____

Owner Signature _____ Date _____ Listing Agent Signature _____ Date _____