VARIANCE REQUEST

Date:	Fax#		
Agent:	Agent ID#	Phone#	
Office:	Office ID#	Phone#	
Listing #:	Property Address:	Zip: _	
Please specify the type of	variance and reason reques	sted:	Don montes Trans
			Property Type Mandatory Photos Room Sizes Other
Procedures:			
		ed by the Association of Realtors owing statement: "Variance gran	
2. Upon approval for an additional disting number by fax		be sent to you with staff's initial ting number.	s. You must notify staff of
	HAVE AN AUTHORIZED VARIA	den "variance code" on the appro ANCE AND MAY BE SUBJECT	
DUPLICATE LISTING NUME	BER FOR PROPERTY TYPE V	ARIANCE ONLY: (ENTER O	NLY AFTER APPROVAL)
	(FAX BACK TO T	THE ASSOCIATION OF REALTORS	AFTER ENTRY)
		the accurate listing AND the dup LD" and the duplicate listing wit	
AGENT SIGNATURE:	BRO	OKER SIGNATURE	
For AOR use only: APPROVED_			
Variance code entered: Y N	Date:	Staff:	

EMAIL TO: rules@sdmls.com