

(4) Class
FA

Multiple Listing Service® for
Thunder Bay Real Estate Board®
FARM INPUT FORM

MLS® # _____

GENERAL INFORMATION	*Main Floor Area: _____ (###.###) Total Above Grade SqFt: _____ (###.###)	
	C. HEATING SOURCE: <input type="checkbox"/> Electric <input type="checkbox"/> Geothermal <input type="checkbox"/> Hot Water <input type="checkbox"/> Natural Gas <input type="checkbox"/> Oil <input type="checkbox"/> Pellet <input type="checkbox"/> Propane Gas <input type="checkbox"/> Solar <input type="checkbox"/> Wood <input type="checkbox"/> None	
	D. HEATING TYPE: <input type="checkbox"/> Baseboard <input type="checkbox"/> Boiler <input type="checkbox"/> Fireplace <input type="checkbox"/> Forced Air <input type="checkbox"/> Gravity <input type="checkbox"/> Heat Pump <input type="checkbox"/> Outside Furnace <input type="checkbox"/> Radiant <input type="checkbox"/> Space Heater <input type="checkbox"/> Wood Stove	
	# Fireplaces: _____ (#) # Woodstoves: _____ (#)	
	E. FIREPLACE TYPE: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Insert <input type="checkbox"/> Propane <input type="checkbox"/> Roughed In <input type="checkbox"/> Wood	
	F. STOVE TYPE: <input type="checkbox"/> Airtight <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Pellet <input type="checkbox"/> Propane <input type="checkbox"/> Wood	
	G. ACCESS: <input type="checkbox"/> Landlocked <input type="checkbox"/> Right of Way <input type="checkbox"/> Municipal Road <input type="checkbox"/> Other <input type="checkbox"/> Private <input type="checkbox"/> Seasonal <input type="checkbox"/> Water	
	H. SERVICES AVAIL: <input type="checkbox"/> Cable <input type="checkbox"/> Garbage Pick-up <input type="checkbox"/> High Spd Internet <input type="checkbox"/> Hydro <input type="checkbox"/> Natural Gas <input type="checkbox"/> Prvt Garbage Disposal <input type="checkbox"/> Telephone	
	I. WATER/WELL: <input type="checkbox"/> Artesian Well <input type="checkbox"/> Cistern Well <input type="checkbox"/> Community Well <input type="checkbox"/> Drilled Well <input type="checkbox"/> Dug Well <input type="checkbox"/> Lake/River Intake <input type="checkbox"/> Municipal Water <input type="checkbox"/> Sandpoint Well <input type="checkbox"/> None	
	J. SEWER/SEPTIC: <input type="checkbox"/> Greywater System <input type="checkbox"/> Holding Tank <input type="checkbox"/> Septic <input type="checkbox"/> Sewer	
	K. BASEMENT: <input type="checkbox"/> Crawl <input type="checkbox"/> Dugout <input type="checkbox"/> Full Basement <input type="checkbox"/> None <input type="checkbox"/> Partial <input type="checkbox"/> Slab or Corefloor	
	L. BASEMENT FINISH: <input type="checkbox"/> Fully Finished <input type="checkbox"/> Partially Finished <input type="checkbox"/> Unfinished	
	M. FOUNDATION: <input type="checkbox"/> Block <input type="checkbox"/> Posts <input type="checkbox"/> Poured Concrete <input type="checkbox"/> Stone <input type="checkbox"/> Styrofoam Block <input type="checkbox"/> Wood	
	N. EXTERIOR FINISH: <input type="checkbox"/> Aluminum Siding <input type="checkbox"/> Asbestos Siding <input type="checkbox"/> Brick <input type="checkbox"/> Brick Insulated-Insulbrick <input type="checkbox"/> Cedar <input type="checkbox"/> Concrete Block <input type="checkbox"/> Hardboard <input type="checkbox"/> Log <input type="checkbox"/> Metal <input type="checkbox"/> Siding <input type="checkbox"/> Stone <input type="checkbox"/> Stucco <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Other	
	O. ROOF TYPE: <input type="checkbox"/> Asphalt Shingle <input type="checkbox"/> Cedar <input type="checkbox"/> Metal <input type="checkbox"/> Tar/Gravel <input type="checkbox"/> Tile <input type="checkbox"/> Wood Shingle <input type="checkbox"/> Other	
	# Parking Spaces: _____ (#) Garage: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Q. GARAGE TYPE/SIZE: <input type="checkbox"/> 1 Car <input type="checkbox"/> 1.5 Car <input type="checkbox"/> 2 Car <input type="checkbox"/> 3+ Car <input type="checkbox"/> Attached <input type="checkbox"/> Carport <input type="checkbox"/> Detached	
	S. DRIVEWAY DETAILS: <input type="checkbox"/> Asphalt <input type="checkbox"/> Bricks <input type="checkbox"/> Common <input type="checkbox"/> Concrete <input type="checkbox"/> Detached <input type="checkbox"/> Gravel <input type="checkbox"/> Mutual <input type="checkbox"/> None <input type="checkbox"/> Parking Lot <input type="checkbox"/> Parking Structure <input type="checkbox"/> Rear <input type="checkbox"/> Side by Side <input type="checkbox"/> Stamped Concrete <input type="checkbox"/> Truck Yard <input type="checkbox"/> Underground <input type="checkbox"/> See Remarks	
	S. FEATURES INTERIOR: <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Air Exchanger <input type="checkbox"/> Appliances Built-In <input type="checkbox"/> Basement Kitchen <input type="checkbox"/> Bathroom Roughed In <input type="checkbox"/> Built-in Dishwasher <input type="checkbox"/> Built-In Microwave <input type="checkbox"/> Built-in Oven <input type="checkbox"/> Built-in Range Top <input type="checkbox"/> Central Air <input type="checkbox"/> Central Vacuum <input type="checkbox"/> Din. Rm-Separate <input type="checkbox"/> Electric Air Cleaner <input type="checkbox"/> Ensuite <input type="checkbox"/> Generator Hook-up <input type="checkbox"/> Handicapped Access <input type="checkbox"/> Hardwood Floors <input type="checkbox"/> Hot Tub <input type="checkbox"/> Hot Water on Demand <input type="checkbox"/> Intercom <input type="checkbox"/> Jetted Tub <input type="checkbox"/> Main Flr Family Rm <input type="checkbox"/> Main Flr Laundry <input type="checkbox"/> Pool Indoor <input type="checkbox"/> Rec Room <input type="checkbox"/> Sauna <input type="checkbox"/> Security System <input type="checkbox"/> Skylight <input type="checkbox"/> Storage Room <input type="checkbox"/> Suite <input type="checkbox"/> Sun Room <input type="checkbox"/> UV System <input type="checkbox"/> Water Purifier <input type="checkbox"/> Water Softener <input type="checkbox"/> Wet Bar <input type="checkbox"/> Wheelchair Access	
	T. FEATURES EXTERIOR: <input type="checkbox"/> Balcony <input type="checkbox"/> Boathouse <input type="checkbox"/> Deck <input type="checkbox"/> Dock <input type="checkbox"/> Fenced Yard <input type="checkbox"/> Greenhouse <input type="checkbox"/> Heat Trace Cables <input type="checkbox"/> Hot Tub <input type="checkbox"/> Patio <input type="checkbox"/> Pool Above Ground <input type="checkbox"/> Pool Heated <input type="checkbox"/> Pool Inground <input type="checkbox"/> Satellite Dish <input type="checkbox"/> Solar <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Storage Shed	

INITIALS OF BROKERAGE



INITIALS OF SELLER(S)



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FA**

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MLS® # _____

Fixtures Excluded: _____ (300)

Chattels Included: _____ (300)

Rooms: _____ (#) **** Below Grade Bdrms:** _____ (#) **** Above Grade Bdrms:** _____ (#) ***Total Bdrms:** _____ (#)

**** Full Baths:** _____ (#) # Half Baths: _____ (#) # Ensuite: _____ (#) **** Total Baths:** _____ (#)

ROOMS AND THEIR SIZES	RM	ROOM DIMENSIONS (30)	ROOM LEVEL (LU)	ROOM TYPE (LU)	ROOM FLOORING (30)	ROOM LEVEL		ROOM TYPE		ROOM TYPE	
	1			LIVRM		2LVL 2nd Level	BATH1 Bathroom 1	BONUS Bonus			
	2			PBDRM		3LVL 3rd Level	BATH2 Bathroom 2	COLDRM Cold Room			
	3			KITCH		4LVL 4th Level	BATH3 Bathroom 3	DINLIV Combo Din/Liv			
	4					5LVL 5th Level	BATH4 Bathroom 4	DEN Den			
	5					6LVL 6th Level	BATH5 Bathroom 5	DINRM Dining Room			
	6					BLVL Basement	ENBTH1 Ensuite Bath 1	FAMRM Family Room			
	7					MFLR Main Flr	ENBTH2 Ensuite Bath 2	FOYER Foyer			
	8						ENBTH3 Ensuite Bath 3	GAMES Games Room			
	9						BDRM1 Bedroom 1	GRTRM Great Room			
	10						BDRM2 Bedroom 2	*KITCH Kitchen			
	11						BDRM3 Bedroom 3	LAUND Laundry			
	12						BDRM4 Bedroom 4	*LIVRM Living Room			
	13						BDRM5 Bedroom 5	LOFT Loft			
	14						BDRM6 Bedroom 6	*PBDRM Primary Bedroom			
15							OFFIC Office				

***Listing Office 1:** _____

***Listing Agent 1A:** _____

Listing Office 1: _____

Listing Agent 1B: _____

Listing Office 2: _____

Listing Agent 2: _____

***S. B. Commission:** _____ (25)

DATES ***List Date:** ____/____/____ MM/DD/YYYY ***Expiry Date:** ____/____/____ MM/DD/YYYY

Holdover Period: _____ (10) Do Not Contact: Does Does Not

The foregoing representations respecting the said property are true to the best of my knowledge, information and belief, and I/we agree to indemnify and save you or any Brokerage or Co-operating Brokerage from any claims arising from you, or such Brokerage or Co-operating Brokerage, acting in good faith, upon the representations of fact which I/we have made in this agreement.

Signature of Seller _____ Date _____

Signature of Seller _____ Date _____

Signature of Seller _____ Date _____

Signature of Seller _____ Date _____

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