

(3) Class
IC



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

MLS® # _____

All fields marked with an asterisk () and Bold Text are required. (Lookup) fields provide a list from which to select.

STANDARD	*Type: <input type="checkbox"/> ICI			For Sale/Lease: <input type="checkbox"/> For Sale <input type="checkbox"/> For Lease		
	*District: _____ (Lookup)			*Sub-District: _____ (Lookup)		
	*Address: _____		_____		_____	
	House #	Unit. #	Street Name	Street Type	Street Direction	
	*City/Twp/Municipality: _____ (50)			*Province: ON		*Postal Code: _____
	*List Price \$: _____ (8)					
	*Seller 1 Name: _____ (50)					
	Seller 2 Name: _____ (50)					
	*PIN # _____ (150) Acreage: _____ (##.#)					
	**If Multiple PINS, use semi-colon to separate					
	Property Size: <input type="checkbox"/> Under 0.5 Acres <input type="checkbox"/> 0.5 -0.99 Acres <input type="checkbox"/> 1.0 -2.99 Acres <input type="checkbox"/> 3.0 - 9.99 Acres <input type="checkbox"/> 10.0 - 49.99 Acres <input type="checkbox"/> 50 - 100 Acres <input type="checkbox"/> Over 100 Acres					
	Zoning: _____ (Lookup) Age: _____ (##)					
	Age (Building): <input type="checkbox"/> New <input type="checkbox"/> 1-5 Years <input type="checkbox"/> 6-10 Years <input type="checkbox"/> 11-15 Years <input type="checkbox"/> 16-20 Years <input type="checkbox"/> 21-25 Years <input type="checkbox"/> 26+ Years <input type="checkbox"/> Under Construction <input type="checkbox"/> Unknown					
	Fronting On: <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West					
	*Waterfront: <input type="checkbox"/> Yes <input type="checkbox"/> No Waterfront Name: _____ (50)					
*Lot Frontage: _____ (##.#) Lot Depth: _____ (25)						
Occupancy: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Owner/Tenant <input type="checkbox"/> Vacant						
Sign: <input type="checkbox"/> Yes <input type="checkbox"/> No Lockbox: <input type="checkbox"/> Yes <input type="checkbox"/> No						
Possession: _____ (30) Assessment \$: _____ (##.##)						
*Annual Taxes: _____ (##.##) *Tax Year: _____ (####)						
*Legal Description: _____ _____ _____ (200)						
*Directions**Include neighborhood information if applicable: _____ _____ _____ (350)						
REALTOR® Remarks: _____ _____ _____ _____ _____ (2000)						
*Public Remarks: _____ _____ _____ _____ (2000)						
EXP/INC	Annual Water/Sewer Exp: _____ (##.##)		Annual Insurance Exp: _____ (##.##)		Annual Heating Exp: _____ (##.##)	
	Annual Hydro Exp: _____ (##.##)		Annual Other Exp: _____ (##.##)		Annual Total Exp: _____ (##.##)	
	Gross Income: _____ (##.##)		Net Operating Income: _____ (##.##)			
	Rental Equip Cost/Per: _____ (500)					

INITIALS OF BROKERAGE



INITIALS OF SELLER(S)



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GENERAL INFORMATION	Business Name: _____ (50)				
	A. BUSINESS TYPE:	<input type="checkbox"/> Automotive	<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> Business Service	<input type="checkbox"/> Campground/Trailer Park
		<input type="checkbox"/> Cottage/Cabin Rental	<input type="checkbox"/> Duplex	<input type="checkbox"/> Food Service	<input type="checkbox"/> General Store/Variety
		<input type="checkbox"/> Institutional	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Marina	<input type="checkbox"/> Office
		<input type="checkbox"/> Residential	<input type="checkbox"/> Resort/Lodge	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Retail
		<input type="checkbox"/> Service Station	<input type="checkbox"/> Shopping Centre	<input type="checkbox"/> Triplex	<input type="checkbox"/> Warehouse
		<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Recreational	<input type="checkbox"/> Service	<input type="checkbox"/> Other
	B. HEATING SOURCE:	<input type="checkbox"/> Electric	<input type="checkbox"/> Geothermal	<input type="checkbox"/> Hot Water	<input type="checkbox"/> Natural Gas
		<input type="checkbox"/> Pellet	<input type="checkbox"/> Propane Gas	<input type="checkbox"/> Solar	<input type="checkbox"/> Wood
		<input type="checkbox"/> Oil	<input type="checkbox"/> None		
	C. HEATING TYPE:	<input type="checkbox"/> Baseboard	<input type="checkbox"/> Boiler	<input type="checkbox"/> Forced Air	<input type="checkbox"/> Gravity
		<input type="checkbox"/> Hot Water	<input type="checkbox"/> HVAC Unit	<input type="checkbox"/> None	<input type="checkbox"/> Outside Furnace
		<input type="checkbox"/> Radiant	<input type="checkbox"/> Space Heater		<input type="checkbox"/> Heat Pump
					<input type="checkbox"/> Overhead Unit
	D. ACCESS:	<input type="checkbox"/> Landlocked	<input type="checkbox"/> Right of Way	<input type="checkbox"/> Municipal Road	<input type="checkbox"/> Other
		<input type="checkbox"/> Seasonal	<input type="checkbox"/> Water		<input type="checkbox"/> Private
	E. SERVICES AVAILABLE:	<input type="checkbox"/> Bus Service	<input type="checkbox"/> Cable	<input type="checkbox"/> Garbage Pick-up	<input type="checkbox"/> High Speed Internet
		<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Private Garbage Disposal	<input type="checkbox"/> Street Lights	<input type="checkbox"/> Hydro
				<input type="checkbox"/> Telephone	
F. 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"/> Lake/River Intake	<input type="checkbox"/> Municipal Water	<input type="checkbox"/> Sandpoint Well	<input type="checkbox"/> None	
				<input type="checkbox"/> Dug Well	
G. SEWER/SEPTIC:	<input type="checkbox"/> Greywater System	<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Septic	<input type="checkbox"/> Sewer	
H. BASEMENT:	<input type="checkbox"/> Crawl	<input type="checkbox"/> Dugout	<input type="checkbox"/> Full Basement	<input type="checkbox"/> Partial	
				<input type="checkbox"/> Slab or Corefloor	
I. 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	
K. 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"/> Siding	<input type="checkbox"/> Stone	<input type="checkbox"/> Stucco	<input type="checkbox"/> Vinyl	
	<input type="checkbox"/> Other			<input type="checkbox"/> Metal	
				<input type="checkbox"/> Wood	
L. ROOF TYPE:	<input type="checkbox"/> Asphalt	<input type="checkbox"/> Flat	<input type="checkbox"/> Membrane	<input type="checkbox"/> Metal	
	<input type="checkbox"/> Shingle	<input type="checkbox"/> Tile	<input type="checkbox"/> Tar/Gravel	<input type="checkbox"/> Wood	
				<input type="checkbox"/> Pitch	
				<input type="checkbox"/> Other	
M. DRIVEWAY DETAILS:	<input type="checkbox"/> Asphalt	<input type="checkbox"/> Bricks	<input type="checkbox"/> Common	<input type="checkbox"/> Concrete	
	<input type="checkbox"/> Gravel	<input type="checkbox"/> Mutual	<input type="checkbox"/> None	<input type="checkbox"/> Parking Lot	
	<input type="checkbox"/> Rear	<input type="checkbox"/> Side by Side	<input type="checkbox"/> Stamped Concrete	<input type="checkbox"/> Truck Yard	
	<input type="checkbox"/> See Remarks			<input type="checkbox"/> Detached	
				<input type="checkbox"/> Parking Structure	
				<input type="checkbox"/> Underground	
N. PROPERTY FEATURES:	<input type="checkbox"/> Air Cleaner	<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Air Exchanger	<input type="checkbox"/> Basement	
	<input type="checkbox"/> Chattels Included	<input type="checkbox"/> Combination	<input type="checkbox"/> Convector	<input type="checkbox"/> Cranes	
	<input type="checkbox"/> Energy Efficient	<input type="checkbox"/> Equip. Included	<input type="checkbox"/> Farm	<input type="checkbox"/> Fenced	
	<input type="checkbox"/> Gas Pumps	<input type="checkbox"/> Living Quarters	<input type="checkbox"/> Loading Docks	<input type="checkbox"/> Office Space	
	<input type="checkbox"/> Overhead Doors	<input type="checkbox"/> Parking	<input type="checkbox"/> Paved Yard	<input type="checkbox"/> Rail Siding	
	<input type="checkbox"/> Sprinkler System	<input type="checkbox"/> Store Front	<input type="checkbox"/> Wheelchair Access	<input type="checkbox"/> Workshop/Storage	
				<input type="checkbox"/> Bldgs Divisible	
				<input type="checkbox"/> Elevator	
				<input type="checkbox"/> Floor Drains	
				<input type="checkbox"/> Outside Storage	
				<input type="checkbox"/> Security System	
R. ICI TYPE:	<input type="checkbox"/> Business Incl. Bldg	<input type="checkbox"/> Business Only	<input type="checkbox"/> Comm Building	<input type="checkbox"/> Comm Liv. Qtrs	
	<input type="checkbox"/> Industrial	<input type="checkbox"/> Indust Bldg	<input type="checkbox"/> Indust Incl Bldg	<input type="checkbox"/> Investment	
	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Residential	<input type="checkbox"/> Wholesale	<input type="checkbox"/> Other	
				<input type="checkbox"/> Comm Misc.	
				<input type="checkbox"/> Multi-Residential	

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	Fixtures Excluded: _____ _____ (300) Chattels Included: _____ _____ (300)
COMMERCIAL DETAILS	Commercial SqFt: _____ (###.###) Lot Size SqFt: _____ (###.###) Retail SqFt: _____ (###.###) Office SqFt: _____ (###.###) Indust./Warehse SqFt: _____ (###.###) Residential SqFt: _____ (###.###) Total SqFt: _____ (###.###) Total Building Area: _____ (###.###) # Parking Spaces: _____ (#) # Stories: _____ (#) # Elevators: _____ (#) # of Washrooms: _____ (#) Ceiling Height: _____ (10) Seating Capacity: _____ (#)
LISTING AGENT / 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: <input type="checkbox"/> Does <input type="checkbox"/> 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 _____