



BROKER OF RECORD PROPERTY RELEASE FORM

I, _____ of _____
Broker Name (Print or type) Office Name

release this property to _____
Office Name

Listing agent: _____

MLS#: _____

Property Address: _____
Street number and name

City State Zip

Effective Date: _____

Signature: _____
Broker of Record for this property Date

Email form to Carrie Velarde at Carrie@bridgемls.com or contact Carrie directly at 510-809-4543

Office Use Only

Date: _____ Approval Signature: _____