

List #:

* Prop ID#:

Prop. Type: **Commercial For Sale**

* = Required Field

COMMERCIAL FOR SALE - DATA INPUT

* Sub Property Type <i>(Select 1):</i>		
<input type="checkbox"/> Apartments For Sale	<input type="checkbox"/> Business for Sale	<input type="checkbox"/> Industrial Space For Sale
<input type="checkbox"/> Office Space For Sale	<input type="checkbox"/> Retail Space For Sale	<input type="checkbox"/> Other

Contract Information

* Listing Date:	* Expiration Date:	* List Price (\$):
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* Type of Listing Service <i>(Select 1):</i>		
<input type="checkbox"/> Full Service Listing	<input type="checkbox"/> Limited Service Listing	<input type="checkbox"/> MLS Entry Only Listing

* Type of Listing Contract <i>(Select 1):</i>	
<input type="checkbox"/> Exc. Right to Sell or Lease	<input type="checkbox"/> Exc. Agency to Sell or Lease
<input type="checkbox"/> Exc. Right to Sell with Reserved Prospect	<input type="checkbox"/> Exc. Agency with Reserved Prospect
<input type="checkbox"/> Exc. Right to Sell with Variable Rate Compensation	<input type="checkbox"/> Exc. Agency with Variable Rate Compensation

Items To Be Excluded From Listing:

Commission/Compensation Information

* Buyer's Agent Compensation Type <i>(Select 1):</i>	
<input type="checkbox"/> Percentage of Sale Price	<input type="checkbox"/> Dollar Amount

* Buyer's Agent Compensation Amount <i>(Enter as either \$ or %):</i>
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Compensation Notes <i>(Max 3):</i>	
<input type="checkbox"/> Call Listing Broker For Additional Commission Information	<input type="checkbox"/> Call Listing Broker For Bonus Information
<input type="checkbox"/> Possible Short Sale, Call Listing Broker For More Information	

Listing Agent & Office Information

* List Agent:	Office:
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Co-List Agent:	Office:
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Listing Address Information

<u>Street #</u>	<u>Pre Dir.</u>	* <u>Street Name</u>	<u>Street Type</u>	<u>Post Dir.</u>	<u>Unit #</u>
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* State:	* County:	* Town:	* Zip Code: -
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* Neighborhood:	Complex Name:
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Model:

Tax Information

* Property ID No.:

* PropertyTax (\$):

* Assessment (\$):

* Mil Rate:

* Tax Year:

Last Reassessed:

Phase In (Y/N):

Tax District (\$):

Commercial Information

Current Use:

Business Included (Y/N):

Commercial Features (16 Max):

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Dock Height Loading | <input type="checkbox"/> Elevator | <input type="checkbox"/> Employee Lounge | <input type="checkbox"/> Fire Sprinkler System |
| <input type="checkbox"/> Freight Elevator | <input type="checkbox"/> Grade Loading | <input type="checkbox"/> Handicap Design | <input type="checkbox"/> Hoists |
| <input type="checkbox"/> Intercom | <input type="checkbox"/> Living Space Available | <input type="checkbox"/> Public Restrooms | <input type="checkbox"/> Rail Height Loading |
| <input type="checkbox"/> Security Alarm | <input type="checkbox"/> Smoke Alarm | <input type="checkbox"/> Waterfront Loading | <input type="checkbox"/> Window Display |

Income and Expense

Electric Expense (\$):

Fuel Expense (\$):

Insurance Expense (\$):

Maintenance Exp. (\$):

Management Exp. (\$):

Payroll Expense (\$):

Other Exp. Name:

Other Expense (\$):

Water/Sewer Exp. (\$):

Gross Income (\$):

Other Income (\$):

Total Operating Exp. (\$):

Net Income (\$):

Structural Information & Exterior Features

* Year Built:

Total Square Feet:

Percent Leased:

Area is Divisible (Y/N):

Additional Space Available (Y/N):

Square Foot Source (Select 1):

- | | | | | |
|------------------------------------|--------------------------------------|-----------------------------------|--------------------------------|---|
| <input type="checkbox"/> Appraiser | <input type="checkbox"/> Approximate | <input type="checkbox"/> Measured | <input type="checkbox"/> Owner | <input type="checkbox"/> Public Records |
|------------------------------------|--------------------------------------|-----------------------------------|--------------------------------|---|

Square Foot Allocations

Industrial Sq. Ft.:

Office Sq. Ft.:

Residential Sq. Ft.:

Retail Sq. Ft.:

Warehouse Sq. Ft.:

Color:

* Construction (3 Max):

- | | | | | |
|--------------------------------|--------------------------------|-----------------------------------|--------------------------------|------------------------------|
| <input type="checkbox"/> Block | <input type="checkbox"/> Brick | <input type="checkbox"/> Concrete | <input type="checkbox"/> Frame | <input type="checkbox"/> Log |
| <input type="checkbox"/> Metal | <input type="checkbox"/> Stone | <input type="checkbox"/> Other | | |

* Foundation (2 Max):

- | | | | | |
|--------------------------------|--------------------------------|-----------------------------------|----------------------------------|---------------------------------|
| <input type="checkbox"/> Block | <input type="checkbox"/> Brick | <input type="checkbox"/> Concrete | <input type="checkbox"/> Masonry | <input type="checkbox"/> Piling |
| <input type="checkbox"/> Slab | <input type="checkbox"/> Stone | <input type="checkbox"/> Wood | <input type="checkbox"/> None | |

Ceiling Height:

* **Roof** (2 Max):

- | | | | | |
|--|---------------------------------------|--------------------------------------|---|--|
| <input type="checkbox"/> Asphalt Shingle | <input type="checkbox"/> Built Up | <input type="checkbox"/> Composition | <input type="checkbox"/> Concrete | <input type="checkbox"/> Fiberglass Shngle |
| <input type="checkbox"/> Metal | <input type="checkbox"/> Rubber | <input type="checkbox"/> Shake | <input type="checkbox"/> Slate | <input type="checkbox"/> Tar/Gravel |
| <input type="checkbox"/> Tile | <input type="checkbox"/> Wood Shingle | <input type="checkbox"/> Other | <input type="checkbox"/> Not Applicable | |

Maximum Floor Load:

* **Flooring** (9 Max):

- | | | | | |
|---------------------------------------|-----------------------------------|--|----------------------------------|--------------------------------|
| <input type="checkbox"/> Ceramic Tile | <input type="checkbox"/> Concrete | <input type="checkbox"/> Parquet | <input type="checkbox"/> Plywood | <input type="checkbox"/> Slate |
| <input type="checkbox"/> Tile | <input type="checkbox"/> Vinyl | <input type="checkbox"/> Wall to Wall Carpet | <input type="checkbox"/> Wood | |

* **Exterior Features** (20 Max):

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Door Sign | <input type="checkbox"/> 10' - 15' Doors | <input type="checkbox"/> 16' - 20' Doors | <input type="checkbox"/> 20'+ Doors |
| <input type="checkbox"/> Under 10' Doors | <input type="checkbox"/> Dumpster | <input type="checkbox"/> Fully Fenced | <input type="checkbox"/> Guttering |
| <input type="checkbox"/> Incinerator | <input type="checkbox"/> Lawn Sprinkler | <input type="checkbox"/> Levelers | <input type="checkbox"/> Loading Dock/Grade |
| <input type="checkbox"/> Loading Dock/Well | <input type="checkbox"/> Outside Storage Area | <input type="checkbox"/> Partially Fenced | <input type="checkbox"/> Pole Sign |
| <input type="checkbox"/> Roof Sign | <input type="checkbox"/> Storage Building | <input type="checkbox"/> Storm Cellar | <input type="checkbox"/> Underground Sprinkler |

Covered Parking Spaces:

Uncovered Parking Spaces:

* **Garages/Parking** (3 Max):

- | | | | | |
|-------------------------------------|---|-----------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Attached | <input type="checkbox"/> Carport | <input type="checkbox"/> Detached | <input type="checkbox"/> Driveway | <input type="checkbox"/> Lot |
| <input type="checkbox"/> Off Street | <input type="checkbox"/> Parking Garage | <input type="checkbox"/> Paved | <input type="checkbox"/> Reserved | <input type="checkbox"/> RV/Boat Pad |
| <input type="checkbox"/> Security | <input type="checkbox"/> Street | <input type="checkbox"/> Under | <input type="checkbox"/> Unit Garage | <input type="checkbox"/> Unpaved |
| <input type="checkbox"/> None | | | | |

Number of Elevators:

Number of Loading Docks:

Number of Overhead Doors:

Number of Restrooms:

Number of Stories:

Number of Tenants:

Number of Units:

Unit Descriptions (10 Max)

<u>Unit Type</u>	<u># of Units</u>	<u># of Full Baths</u>	<u># of 1/2 Baths</u>	<u>Sq Ft Per Unit</u>	<u>Leased (Y/N)</u>	<u>Avg Monthly Rent (\$)</u>	<u># Vacant Units</u>	<u>Appliances</u> (Max 12 per unit)

"Unit Type" Selections: Owner - 1 Bedroom - 2 Bedroom - 3 Bedroom - 4 Bedroom - Industrial - Office - Retail - Studio
"Appliance" Selections: Cook Top - Dishwasher - Disposal - Dryer - Freezer - Grill - Icemaker - Microwave - Range - Refrigerator - Wall Oven - Washer - None

Lot and Location Information

Acres: Lot Square Feet: * Zoning:

Traffic Count:

* Location (11 Max):

Downtown Highway Access Historic Area Industrial Park Office Park
 Park Rural Shopping Mall Strip Mall Suburban
 Urban

Frontage Feet:

* Road Fronts On (10 Max):

City Street Cul-De-Sac Interchange Interstate Highway Paved Road
 Private Road State Road U.S. Highway Unimproved Road Unpaved Road

Lot Description (6 Max):

Additional Land Avail. Corner Cul De Sac Easements Farm
 Flood Zone Golf Course Frontage Horse Property Level Sloping
 Some Wetlands Views Water Frontage Wooded Zero Lot Line

*** Available Documents** (15 Max):

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Aerial Survey | <input type="checkbox"/> Appraisal | <input type="checkbox"/> Brochure | <input type="checkbox"/> Drawings |
| <input type="checkbox"/> Env. Impact Study | <input type="checkbox"/> Land Survey | <input type="checkbox"/> Lead Disclosure | <input type="checkbox"/> Legal Description |
| <input type="checkbox"/> Percolation Test | <input type="checkbox"/> Plot Plan/Survey | <input type="checkbox"/> Recorded Plat/Plan | <input type="checkbox"/> Soil Survey |
| <input type="checkbox"/> Subdivision Approval | <input type="checkbox"/> Topographical Survey | <input type="checkbox"/> Zoning Waiver | <input type="checkbox"/> None |

Utility Information*** Heating** (4 Max):

- | | | | | |
|------------------------------------|------------------------------------|-----------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Gas | <input type="checkbox"/> Oil | <input type="checkbox"/> Electric | <input type="checkbox"/> Propane | <input type="checkbox"/> Solar |
| <input type="checkbox"/> Wood | <input type="checkbox"/> Heat Pump | <input type="checkbox"/> Hot Air | <input type="checkbox"/> Hot Water | <input type="checkbox"/> Steam |
| <input type="checkbox"/> Baseboard | <input type="checkbox"/> Radiant | <input type="checkbox"/> Radiator | <input type="checkbox"/> Wall Unit | <input type="checkbox"/> Space Heater |
| <input type="checkbox"/> Zoned | <input type="checkbox"/> None | | | |

*** Cooling** (4 Max):

- | | | | | |
|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Attic Fan | <input type="checkbox"/> Central Air | <input type="checkbox"/> Heat Pump | <input type="checkbox"/> Wall Unit | <input type="checkbox"/> Window Unit |
| <input type="checkbox"/> Zoned | <input type="checkbox"/> None | | | |

*** Available Utilities** (10 Max):

- | | | | | |
|--|--|--|--|---------------------------------------|
| <input type="checkbox"/> Cable | <input type="checkbox"/> Cable Available | <input type="checkbox"/> Electricity | <input type="checkbox"/> Electricity Available | <input type="checkbox"/> Gas |
| <input type="checkbox"/> Gas Available | <input type="checkbox"/> Telephone | <input type="checkbox"/> Phone Available | <input type="checkbox"/> Underground Required | <input type="checkbox"/> None/Unknown |

Electrical Service (10 Max):

- | | | | | |
|--|------------------------------------|-----------------------------------|---|------------------------------------|
| <input type="checkbox"/> 60 Amps or Less | <input type="checkbox"/> 100 Amps | <input type="checkbox"/> 150 Amps | <input type="checkbox"/> 200+ Amps | <input type="checkbox"/> 110 Volts |
| <input type="checkbox"/> 220 Volts | <input type="checkbox"/> 440 Volts | <input type="checkbox"/> 3 Phase | <input type="checkbox"/> Circuit Breakers | <input type="checkbox"/> Fuses |

*** Water** (2 Max):

- | | | | | | |
|-------------------------------------|---|-------------------------------|------------------------------------|--------------------------------|-------------------------------|
| <input type="checkbox"/> City Water | <input type="checkbox"/> Private Water System | <input type="checkbox"/> Well | <input type="checkbox"/> In Street | <input type="checkbox"/> Other | <input type="checkbox"/> None |
|-------------------------------------|---|-------------------------------|------------------------------------|--------------------------------|-------------------------------|

*** Sewer** (3 Max):

- | | | | | | | |
|-----------------------------------|---------------------------------|--------------------------------|-------------------------------------|------------------------------------|--------------------------------|-------------------------------|
| <input type="checkbox"/> Cesspool | <input type="checkbox"/> Septic | <input type="checkbox"/> Sewer | <input type="checkbox"/> Sewer Fees | <input type="checkbox"/> In Street | <input type="checkbox"/> Other | <input type="checkbox"/> None |
|-----------------------------------|---------------------------------|--------------------------------|-------------------------------------|------------------------------------|--------------------------------|-------------------------------|

Sewer Fee (\$):

Sewer Assessment:

Association Information

Property Manager:

Manager's Phone:

Manager's Email:

Additional Information

Terms of Sale:

Acceptable Financing (5 Max):

 Assumable CHFA FHA Owner Financing VA

* Showing Instructions:

(ShowingTime Instructions will only appear in ShowingTime and will not appear on any Matrix display)

ShowingTime Instructions:

* Directions:

* Lockbox Description (Select 1):

 CMLS Electronic Gwch Electronic N. C. Electronic N. H. Electronic Wtbry Electronic Combo Box Call Listing Office None

Lockbox Location:

Occupied By (Select 1):

 Owner Tenant

* Possession / Occupancy:

* Sign (Y/N):

* Internet Display (Y/N):

* Internet Address Display (Y/N):

* Owner's Name:

Owner's Phone:

Tenant's Name:

Tenant's Phone:

* Bank Owned (REO) Property (Y/N):

Related MLS#:

Remarks

* **Public Remarks** (750 characters max)

Agent Only Remarks (400 characters max)

Addendum Remarks (2400 characters max)

VALID LISTING AGREEMENT STATEMENT

I, the undersigned Broker or Authorized Agent, represent to the Greater Fairfield County Consolidated Multiple Listing Service, Inc., (GFC CMLS) its members and cooperating agents, that I have a valid and legally enforceable: (1.) "Exclusive Right to Sell" listing agreement ____; or (2.) "Exclusive Agency" listing agreement ____; or (3.) "Exclusive Right to Lease" agreement ____, with the owners of the above entitled property. The information contained in the data information sheet is, to the best of my knowledge and belief, true and accurate.

Date: _____

* Listing Broker or Authorized Agent's Signature: _____

ELECTRONIC LOCKBOX AUTHORIZATION

As a service to its members, the GFC CMLS maintains an electronic lockbox system to facilitate controlled and monitored access to the interior of listed properties by Participants of the GFC CMLS. The Undersigned Owner(s) do ____; or do not ____, authorize the Broker to use the GFC CMLS electronic lockbox system in connection with marketing the Property. Owner(s) acknowledge the GFC CMLS electronic lockbox system is NOT A SECURITY SYSTEM and agree that they will indemnify and hold harmless the GFC CMLS from all loss, costs and damages that may be suffered by Owner(s) arising from or related to the use of any lockbox on the property, other than the GFC CMLS electronic lockbox system.

* Seller's Signature: _____ Date: _____

Seller's Signature: _____ Date: _____

AUTHORIZATION TO USE THE MULTIPLE LISTING SERVICE AND DISCLAIMER

The Undersigned Owner(s) authorize and instruct(s) the Broker to submit the information contained herein to the GFC CMLS, Inc. for the purpose of offering the property for sale or lease through its participants during the period specified. This information has been furnished by the Seller and/or other sources and is not guaranteed by the Broker. Owner(s) agree that the information herein is true and correct to his/her/their knowledge. It is understood that there is no contractual relationship between the Owner(s) and the GFC CMLS, Inc. Receipt of a copy of this Property Data Form is acknowledged by Owner(s).

Date: _____

* Listing Broker or Authorized Agent's Signature: _____

* Seller's Signature: _____ Date: _____

Seller's Signature: _____ Date: _____