



**For MLS Use Only**

Member Num. \_\_\_\_\_

Office Num. \_\_\_\_\_

## MetroList Services, Inc. Authorized Signer Form

<b>Fax When Complete To An Admin Center</b>	El Dorado Lodi MetroList Main Office Modesto	(530) 676-0180 (209) 368-8289 (916) 922-1835 (209) 549-7079	Placer Sacramento Stockton Yolo	(916) 624-8023 (916) 922-1221 (209) 954-4196 (530) 666-7444
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**Granting Authority**

**THIS FORM MAY ONLY BE COMPLETED BY A BROKER/APPRaiser PARTICIPANT**

I, \_\_\_\_\_ am the Responsible Member for the below mentioned  
Print Name

Office(s) and grant the following individual(s) authorization to sign MetroList applications and change forms on my behalf.

**Main Office Information**

Office Name \_\_\_\_\_ MLS Office ID \_\_\_\_\_

Office Address \_\_\_\_\_

City \_\_\_\_\_ State CA Zip Code + Four \_\_\_\_\_ -

**Authorized Signer(s)**

_____	<input type="radio"/>	_____	<input type="radio"/>	All Offices
Authorized Signer – Print Name		MLS Office ID		
_____		/ /		
Authorized Signer - Signature		Date		
_____	<input type="radio"/>	_____	<input type="radio"/>	All Offices
Authorized Signer – Print Name		MLS Office ID		
_____		/ /		
Authorized Signer - Signature		Date		
_____	<input type="radio"/>	_____	<input type="radio"/>	All Offices
Authorized Signer – Print Name		MLS Office ID		
_____		/ /		
Authorized Signer - Signature		Date		

**Responsible Participant Signature**

\_\_\_\_\_ / /

Responsible Participant Signature      Print Responsible Participant Name      Date