

THREE RIVERS ASSOCIATION OF REALTORS®



Disclosure and Consent to Additional Compensation Paid To or By Brokerage Firm

This Notice is provided this	day of	, 20
Name of Brokerage Firm:		
Name of Designated Agent:		
Client Name:		
Client Name:		
Property Address:		
City:	State:	Zip:County:
receipt or payment as indicated	below.	and Client(s) hereby consent(s) to such ation and fees shall be paid to or by the pelow:
		Amount \$
		\$
		\$
Brokerage Firm Print Name:		Client Print Name
By: Print Name & Title		Signature
Signature		Print NameSignature
Date:		Date: