



THREE RIVERS ASSOCIATION OF REALTORS®

Authorization to Communicate



Brokerage Firm: _____

Contact Name: _____ Phone: _____

Address: _____

Email: _____

The undersigned hereby authorizes and gives express consent to Brokerage Firm and any authorized representative or agent of said Firm to contact the undersigned by telephone, facsimile transmission or electronic mail as indicated below.

Please Print

Please Print

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ St ____ Zip _____

City _____ St ____ Zip _____

Please indicate permitted means of communication by checking the boxes & completing the information below:

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Text: ___ Yes ___ No

Text: ___ Yes ___ No

Fax: _____

Fax: _____

eFax: _____

eFax: _____

Other Phone: _____

Other Phone: _____

Email: _____

Email: _____

Print Name: _____

Print Name: _____

Signature: _____

Signature: _____

Date: _____

Date _____