



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 St Zip

Effective Date: _____

Signature: _____
Broker of Record for this property Date

Fax to DAR at 925-757-8393

Office Use Only

Date: _____ Approval Signature: _____