

This form permits you to opt out of the Broker Reciprocity program. This form must be filled out completely and signed by the broker/office manager for your office. **There are no exceptions.** Once you have filled it out and signed it, fax or mail it to:

Sandicor, Inc.
Attention: Broker Reciprocity
5414 Oberlin Dr.; Suite 150;
San Diego, CA 92121

FAX 858-622-6222

Firm Name: _____ Firm ID #: _____

Broker/Office Manager Name: _____

Firm Street Address: _____

Firm City, ST, Zip: _____

Firm Phone: FAX: _____

Should this form apply to any other offices of your firm? If so attach a separate page with a list of the office to which this form should apply.

MY FIRM WILL NOT PARTICIPATE IN BROKER RECIPROCITY. I understand that this means that other Broker Reciprocity participants will not be permitted to display my listings on their web sites. I further understand that my firm will receive no benefits under the Broker Reciprocity program. My firm is not allowed to display the listings of other brokers unless I receive permission from them individually to do so.

I am the broker/office manager for the MLS office listed above. I represent that I have the authority to execute this form on behalf of my own office and all other offices listed (if any).

Authorized Signature

Date

Sandicor BRP Opt Out - 11/20/00
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(858) 622-6200 or (888) 385-0800
(858) 622-6222