DATE: _____

TO: HICENTRAL MLS, LTD. MULTIPLE LISTING SERVICE

TO: HICENTRAL MLS, LTD. MULTIPLE LISTING SERVICE 1136 12 TH AVE., STE 200, HONOLULU, HI 96816			
FROM:	OFFICE NAME	:	
	OFFICE NAME	•	
	OFFICE MAILING AD	DDRESS	
OFFICE PHONE NUMBER FAX		FAX PI	HONE NUMBER
DESIGNATED REALTOR®	OR BIC - NAME • RB # •	PHONE NUMBER • E-MA	AIL ADDRESS
LISTING AGENT N	IAME • RS/RB # • PHONE	NUMBER • E-MAIL ADD	RESS
RE: Attached is a Reciprocal list	ting for the property lo	cated at:	
PROPERTY ADDRESS	СІТҮ	STATE	ZIP-CODE
Our office is submitting this re Service, pursuant to the exist Board of REALTORS® and the	ing MLS reciprocal o	arrangement betwe	en the Honolulu
I have received and agree to MLS Rules & Regulations & Bodispute which may arise acceptandards & Arbitration Combe bound.	oard Bylaws. I further cording to the arbitro	agree to resolve au ation procedures of	ny arbitration the Professional
I am aware that reciprocal for amount of \$60.00 + \$2.83 GE accordingly.			
DESIGNATED REALTOR® OR BIC SIG		DATE	

Reciprocal Letter Rev.07.27.23