



OFFICE CHANGE FORM

North Bay Association of REALTORS®

All information will be reviewed and updated once the changes are made on the DRE (ensure that there is a DBA listed)

PREVIOUS OFFICE INFORMATION

Previous Office Name: _____

Previous Office Address: _____
(street) (city) (state) (zip code)

Previous Phone: _____ Previous Fax: _____

Previous Main Email: _____

Previous Website Name: _____

NEW OFFICE INFORMATION

New Office Name: _____

New Office Address: _____
(street) (city) (state) (zip code)

New Phone: _____ New Fax: _____

New Main Email: _____

New Website Name: _____

Mailing Address: _____
(street) (city) (state) (zip code)

SIGNATURES

Incomplete forms will be returned for completion. OFFICE CHANGES REQUIRE THE CURRENT BROKER'S SIGNATURE.

Name of Office Manager (PRINT)

Date of signature

Name of Designated REALTOR (PRINT)

Date of signature

Signature of Designated REALTOR

Date of signature