



HUDSON GATEWAY MULTIPLE LISTING SERVICE, INC.

60 South Broadway, White Plains, New York 10601
914.681.0833 ▪ Fax 914.681.6044 ▪ www.HGAR.com

9 Coates Drive, Suite 1, Goshen, New York 10924 ▪ 845.294.7905
2 Medical Park Drive, Suite 17A, West Nyack, New York 10994 ▪ 845.735.0075

Status Change Form

Office Name: _____ Office City: _____
(Print)

Agent Name: _____ Date: _____
(Print)

MLS Office Code: _____ Co List Office Code: _____

MLS # : _____ Price: \$ _____ Property Type: _____

Owner's Name: _____

Address: _____
(Street) (PO) (Town) (Zip)

() **Back on Market/From Off Market _____
(Original Off Market Date-Month/day/year) (Seller's Signature)

**This change request MUST be submitted to HGMLS OFFICE: EMAIL: MLS@HGAR.com or FAX TO: 914-681-6044 or 845-294-3414

() * Back on Market/From Temporarily off Market: _____
(Original TOM Date-Month/day/year) (Seller's Signature)

() * Temporarily Off Market (TOM): _____
(Off Market for a Short Period of Time) (Date-Month/day/year) (Seller's Signature)

() * Off Market: _____
(Off Market Indefinitely) (Date-Month/day/year) (Seller's Signature)

() * Price Change: \$ _____
(New Price) (Seller's Signature)

() All Other Changes: _____

() Sale Fell Through (Contract &/or Conditions not met): _____
(Date-Month/day/year)

() Contract: _____
(Contract Date-Month/day/year) (Cooperating Agent)

() Title Passed/Rented/Sold: \$ _____ / _____
(Sale Price) (Title Pass Date-Month/day/year)

() Concessions: \$ _____

(Cooperating MLS Office Code) (Cooperating Agent Code) (Cooperating Agent Name)

() Check Here if Listing Expired _____
(Terms) (CONV) (CASH) (OTHER)

Participant' Name: _____ Telephone No: _____

Instructions: Use this form for continual reporting, retaining a copy for your office showing all reports made for this listing.

(Participant's Authorized Signature)

(*Secure Sellers Signature on this form or attached signed agreement)

Fax: 914-681-6044 or 845-294-3414
or email: MLS@HGAR.com

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