



Greater Antelope Valley Association of REALTORS®

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www.gavar.org

TERMINATION NOTICE

Date: _____

Agent/ Clerical Assistant Name: _____

(Please Print
Name)

Please be advised that the above named agent/clerical assistant is no longer associated with my office. Please terminate all access rights including MLS and key access.

I _____ authorize the release or authorize the transfer of the following ^{(Broker}_{Name)}

listings to agent _____

Please provide Listing number(s)

Broker Signature: _____

GAVAR Office use only:

Date terminated: _____	Transfer of listings _____
GAVAR Staff Initial _____	