

REALTOR® Office Data Verification Form



PO BOX 33
WEST SPRINGFIELD, MA
01090-0033

*This form is used by RAPV to verify and update office information for REALTOR® member brokerages with multiple office locations. Please complete **one form per office location** to ensure our records are accurate. Return completed forms to Mandy Sherman, mandy@rapv.com*

Brokerage Information (Applies to All Offices)

Brokerage Legal Name: _____

DBA (if applicable): _____

Designated REALTOR® / Broker of Record Name: _____ License # _____

DR/Broker Email: _____ Phone: _____

Office Location Information (Please complete one section per office. Use additional forms if needed.)

Office # _____

Office Name (if different from brokerage name): _____

Physical Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

Office Phone: _____ Office Email: _____

Office Type: ☐ Main ☐ Branch

Office Manager Name: _____

Office Manager Email: _____ Phone: _____

Number of REALTOR® Members Assigned to This Office: _____

Please attach a current list of members in this location, or confirm the details of the RAPV-provided roster attached.

Office Location Information (Please complete one section per office. Use additional forms if needed.)

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Office Manager Email: _____ Phone: _____

Number of REALTOR® Members Assigned to This Office: _____

Verification & Authorization

By signing below, I certify that the information provided is accurate and complete to the best of my knowledge. I understand this information will be used to maintain official REALTOR® association records.

Broker Signature: _____

Printed Name: _____ Date: _____

Please return the completed form to:

Mandy Sherman, Membership & Events Coordinator mandy@rapv.com