

Firelands Multiple Listing Service

Lot/Land/Acreage Form

** (red is a required field)*

MLS# _____

**** Property Type:** LAND

**** County:** Ashland Erie Huron Lorain Lucas
Ottawa Richland Sandusky Seneca Wood Other

Parcel ID _____

**** Office ID** _____ **** Agent ID** _____

Co-Office ID _____ Co-Agent ID _____

**** Agreement Type:** Exclusive Right to Sell Exclusive Agency
Limited Service Exclusive Rt. W/Reservations

**** Listing Price:** _____ Auction: yes/no

Listing Period: **** Listing Date** _____ **** Expiration Date** _____

Other MLS #'s _____

**** Property Subtypes:** Primary: Lot
Industrial
Farm
Land/Acreage
Commercial

Address: Street # _____ Modifier _____ N, E, S, W **** Street Name** _____

Suffix: Avenue, Boulevard, Circle, Court, County Road, Drive, Highway, Lane, Parkway,
Place, Road, Route, State Route, Street, Terrace, Township Road, Train, U. S. Route, Way,
Other

**** City** _____ **** Zip Code** _____

Cross Street _____

Legal Description: _____

Township: _____

Subdivision _____

**** County:** _____ Parcel ID _____

**** Area:** _____

**** Public Viewable:** yes/no

Zoning: _____

**** Lot Size:** _____ (Sq. Ft OR Acres)

Lot Dimensions _____
Frontage _____

Lot Description:

Cul-De-Sac	Single Family	Duplex Lot	Multi-Family	Corner
Waterfront	Wooded	Recreational Land		Bay

**** Waterfront:** yes/no

Water Related:	Beach Privileges	Break wall	Canal	Dockage Avail
Dockage Included	Marina	Marsh	Pier	River

**** Flood Plain:** yes/no/unknown

**** Soil Erosion:** yes/no/unknown

Utilities:

** Water: Cistern	Public	Rural	Well	See Remarks
** Sewer: Leach	Public	Septic		See Remarks
** Gas: Available /not Avail /unknown				
** Electric: Available /not Avail / unknown				

Agent Remarks: _____

Residence: (If applicable)

Style:	1 Story	1 ½ Story	2 Story
A-Frame	Bi-Level	Cape Cod	Double Wide
Manufactured	Modular	Multi-Level	Victorian

of Rooms _____ Bedrooms _____ Bathrooms: Full _____ ½ Bath _____

Accessibility:	32" Door Width	36" Door Width	36" Hall Width
48" Hall Width	Bath Modifications	Elevator/Chair Lift	Kitchen Modification
Level Entry	Ramped Main Level	Roll-in Shower	

**** School System:** _____

**** ½ Year Taxes** \$ _____ Tax Year _____

Assessment ½ Year \$ _____ Assessment thru _____

**** Owner Name** _____ **Owner Phone** _____

**** Commissions:** Sub-Code _____ Buy-Code _____

Other Compensations: Bonus Dual Graduated Variable Other
POSSIBLE SHORT SALE Yes or No

**** Possession:** At Closing After Closing TBD

**** Showing Instructions:** Call office Key Listor Accom Lock Box

Directions to Property:

Marketing Remarks:

