

**RCI/Registration & Records**  
Department

**Broker Gate Registration Form**  
**Please Fill Out All Information**

DATE: \_\_\_/\_\_\_/\_\_\_ TIME: \_\_\_ BLDG: \_\_\_ UNIT: \_\_\_ OWNER: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ AGENT: \_\_\_\_\_

PHONE: \_\_\_\_\_ (CHECK ONE) SALE \_\_\_ LEASE \_\_\_ LEASE TERM \_\_\_\_\_

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