ETHICS ADVOCATE
COMMUNICATION PREFERENCE
_____ASSOCIATION OF REALTORS®

(Please complete a separate form for each party)

Name: _____

Address: _____

_____

Home Phone: _____

Best hours to call: _____

Work Phone: _____

Do not contact work _____ Hours to call: _____

Fax: _____

Cell Phone: _____ Hours to call: _____

Email: _____

I request that written notifications be:

_____ Mailed to home address

_____ E-mailed

Signed Dated

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