

REFERRING AGENT: Please complete the form with as much detailed information as possible.

SUBMIT FORM TO: Relocation & Referral Services / Email: Relocation@PacificSIR.com / Fax: 619-452-7798

QUESTIONS: Please call Relocation & Referral Services / Phone: 619-325-3130

AGENT INFORMATION

REFERRING AGENT (RA): KELLY MACDONALD RA EMAIL: KELLY.MACDONALD@SOTHEBYSREALTY.COM
 RA CELL PHONE: 858.805.1775 OFFICE LOCATION: 1111 PROSPECT ST, LA JOLLA, CA 92037
 REFERRING AGENT WOULD LIKE TO INTERVIEW ASSIGNED AGENT BEFORE CLIENT IS CONTACTED? YES NO
 HAS REFERRING AGENT MADE CONTACT WITH OTHER BROKER? YES NO
 REQUESTED AGENT (IF ANY): _____ COMPANY: _____
 PHONE: _____ EMAIL: _____

CLIENT INFORMATION

DOES CLIENT KNOW THEY ARE BEING REFERRED? YES *(A referral cannot be placed without the client's knowledge and approval.)*
 NAME: _____
 ADDRESS: _____ COUNTRY: _____
 BEST PHONE: _____ BEST EMAIL: _____
 CLIENT'S PREFERRED LANGUAGE: _____ IF NECESSARY, NON-SIR OK? YES NO

PROPERTY INFORMATION

BUYER RENTER

DESTINATION: _____
 PRICE RANGE: _____ to _____
 TIME FRAME:
 0-90 days 3-9 months 1 year - undecided
 DATE OF FIRST VISIT: _____
 HOW WILL THE PROPERTY BE USED:
 primary residence investment
 one of several residences vacation
 PROPERTY TYPE:
 single family house estate
 attached house/townhome land
 apartment/condo commercial

SELLER

PROPERTY ADDRESS: _____
If land, please give parcel number or legal description, and send copy of deed if possible.
 PRICE RANGE: _____ to _____
 TIME FRAME:
 0-90 days 3-9 months 1 year - undecided
 PROPERTY TYPE:
 single family house estate
 attached house/townhome land
 apartment/condo commercial

IMPORTANT CRITERIA

bed _____ car(s) _____ stories _____ views _____ 55+ _____ pets _____
 bath _____ square feet _____ pool/spa _____ schools _____ commute _____ other _____

ADDITIONAL INFORMATION / REQUIREMENTS