

Multiple Listing Service of Northern Illinois, Inc.
2443 Warrenville Rd. - Suite 600
Lisle, IL. 60532
Phone: 630-955-0011 Fax: 630-955-0353

ONE CHECK OR CREDIT CARD DEPOSIT PER APPEAL FORM.

Date _____

Name of Office _____,

I (Broker's Name _____,
(Please Print)

do hereby request an appeal for the fine issued (Notice of Fine Date) _____,

for listing number _____, located at _____.

The Request for Appeal Form must be mailed and received by MLSNI at the above address, within 20 days of the Notice of Fine Date, and accompanied by the following.

- 1. Six (6) Copies of the facts and evidence for the appeal**
- 2. A check or credit card deposit in the amount of \$100.00.
(check to be issued to MLSNI)**
- 3. A copy of the Print Listing showing the correction(s). (This step is waived if Compass[®] and /or the Rules & Regulations of the MLSNI prohibits the correction(s))**

(PLEASE NOTE: EACH OF THE ABOVE REQUIREMENTS MUST BE SATISFIED TO AVOID FORFEITURE OF YOUR APPEAL RIGHTS AND THE POSSIBLE ASSESSMENT OF ADDITIONAL FINES.)

Upon receipt by the Rules Enforcement Committee, your appeal will be forwarded to the Appeal - Committee in compliance with the MLSNI Rules & Regulations, Section 14 through Section 23.

Broker Signature: _____

Phone: (_____) _____ Fax: (_____) _____

Payment Method

⇨ Check or Money Order - Make Checks out to **MLS of Northern Illinois, Inc.** (No COD's)



VISA



Master Card



American Express

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Credit Card Number

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Expiration Date

Signature _____ Date _____