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OFFICE CHANGE FORM

OFFICE NAME: _____

☐ New Address: _____

☐ Change of Affiliate Contact/Designated Broker: _____

☐ New Website: _____

☐ Any other change (i.e. phone/fax): _____

Signature: _____

Date: _____

Please email or fax to:
Fax: (360) 491-1347
Email: TCR@Thurstoncountyrealtors.org
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