

# HOMEMAIL

SUBMISSION FORM

For a letter & a copy of Homes & Land Magazine to be sent to your homesellers...  
**fax: (805) 644-6824**

Please complete information within this rectangle PRIOR to submitting the form.

Brokerage Company Name: \_\_\_\_\_

Magazine: \_\_\_\_\_ Issue: \_\_\_\_\_

Type listings advertised in your ad this issue which you would like included in the *HomeMail*™ program.

Listing Agent's Name: \_\_\_\_\_  
Homeowner's Name: \_\_\_\_\_  
Listing Street Address: \_\_\_\_\_ Suite \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Homeowner's Mailing Address: (If different from Listing Address above)  
Street Address or P.O. Box: \_\_\_\_\_ Suite \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Listing Agent's Name: \_\_\_\_\_  
Homeowner's Name: \_\_\_\_\_  
Listing Street Address: \_\_\_\_\_ Suite \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Homeowner's Mailing Address: (If different from Listing Address above)  
Street Address or P.O. Box: \_\_\_\_\_ Suite \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Listing Agent's Name: \_\_\_\_\_  
Homeowner's Name: \_\_\_\_\_  
Listing Street Address: \_\_\_\_\_ Suite \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Homeowner's Mailing Address: (If different from Listing Address above)  
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City/State/Zip: \_\_\_\_\_

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