

Tehachapi MLS
Request for Re-Caravan

Listing Agent: _____ **MLS #:** _____

Listing Address: _____ **Cross Street:** _____

Price: _____ **No. of Square Feet:** _____

Lot No. _____ **Tract No.** _____

Area: _____ **Date Caravan Cancelled:** _____

Reason for Cancellation: _____

Date of ReCaravan Requested: _____

Submit form to: Fax # 822-3459; Email cindy@tehachapiaor.com

Date of MLS Committee Meeting: _____

Approved: _____ **Denied:** _____