



## ABoR Assistant Termination Form

Terminated Assistant Name \_\_\_\_\_

User Name \_\_\_\_\_

Terminating Designated REALTOR® \_\_\_\_\_

MLS Office ID \_\_\_\_\_

FOR ABOR STAFF USE ONLY	
Process By:	_____
Date:	_____

Terminating Designated REALTOR® Signature \_\_\_\_\_

### Terminated Assistant's Information

Terminated Assistant's Mailing Address \_\_\_\_\_

Terminated Assistant's Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_