OMBUDSMAN INTAKE FORM

Santa Barbara Association of REALTORS®

1415 Chapala Street, Santa Barbara, CA 93101 ▪ phone: 805-884-8609 ▪ fax: 805-966-9664 ▪ email: kpleiser@sbaor.com

Party 1:

1. **I am an SBAOR:** ☐ Member ☐ Non-Member
2. **Name:** _____
3. **Firm:** _____
4. **Address**: _____
   (street) (city) (state) (zip)
5. **Phone:** _____ **Alternate Phone:** _____
6. **Fax:** _____ **Email:** _____

Party 2:

1. **I am an SBAOR:** ☐ Member ☐ Non-Member
2. **Name:** _____
3. **Firm:** _____
4. **Address**: _____
   (street) (city) (state) (zip)
5. **Phone:** _____ **Alternate Phone:** _____
6. **Fax:** _____ **Email:** _____

Describe the conflict/situation and attach any additional documentation: