



Guam Association of REALTORS®

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TROUBLE REPORT

Date: _____

Member Name: _____

Firm: _____

Phone Number: _____ Email: _____

DESCRIPTION FOR REQUEST/TROUBLE REPORT *(utilize additional paper as needed)*

FlexMLS Supra StayWell zipForm GRPR Other: _____

Subject: _____

Assisted by GAR Staff: _____

FOR INTERNAL USE ONLY

STATUS UPDATE:

Solved! _____

Unable to be resolved. _____