

REAL ESTATE SHOWING FEEDBACK FORM

Property Address: _____

City: _____ State: _____ Zip Code: _____

Client Information:

Client Full Name: _____

Phone Number: _____

Email Address: _____

Showing Details:

Showing Date and Time: _____

Agent Name: _____

Overall Impression of the Property (check one): ☐ Excellent ☐ Good ☐ Average ☐ Poor

Specific Feedback:

Property Condition Comments:

Neighborhood and Amenities Comments:

Client's Interest Level (check one): ☐ High ☐ Medium ☐ Low

Confidentiality: This feedback form is intended for use by the real estate professional and their client only. Disclosure to third parties without prior consent is prohibited. Legal Compliance: The parties agree that this form complies with all applicable federal, state, and local laws governing real estate transactions and feedback collection in the United States. This document does not constitute a contract of sale or any agreement other than the feedback herein.

AGENT SIGNATURE

CLIENT SIGNATURE

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: _____

Date: _____

Date: _____

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