



Lockbox Transfer Form

Please email completed form to MemberServices@MarinCountyRealtors.com

Existing Lockbox Owner Information

Name: _____ NRDS# _____
Preferred Contact # _____ Email Address _____
Office Name: _____

The following lockbox(s) are being transferred to the agent listed below (list serial numbers).
The owner listed above has verified that the transferee below is eligible to have these boxes:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Owners Signature _____ Date _____
Agent/Office ID _____

New Lockbox Owner Information

Transferee's Name _____
Email Address _____
Phone # _____ Agent/Office ID _____
Company _____
NRDS # _____ Key # _____

By signing below, the new lockbox owner acknowledges receipt of the lockboxes referenced above.

Signature _____ Date _____

MAR Use Only - Lockbox Transfer

UPDATE RAPATTONI UPDATE SUPRANET SEND TO BAREIS

Staff Initials _____