



Lockbox Transfer Form

I do hereby request the following Supra lockboxes be transferred to the individual named below. I certify that I am the rightful owner of the lockboxes listed.

Lockbox Serial Number

Lockbox Serial Number

Lockbox Serial Number

Transferring Owner Name

Agent ID

Office Name

Phone Nbr

Signature of Transferring Owner

Date

As the new owner of the lockboxes listed above, I assume all rights and obligations for these lockboxes, including those outlined in the ARMLS Rules and Regulations.

Receiving Owner Name

Agent ID

Office Name

Phone Nbr

Signature of Receiving Owner

Date

Email this completed form to lockboxes@ARMLS.com.

ARMLS STAFF USE ONLY:

Transfer completed by: _____ Transfer completed date: _____