



KeyBox Transfer of Ownership Request

Date: _____

TO: The Orlando Regional REALTOR® Association
1330 W. Lee Rd.
Orlando, FL 32810

FAX: (407) 293-6083

This is to certify the transfer of ownership for the following Supra KeyBox(es):

KeyBox Serial Numbers: (please write any additional numbers on a separate sheet of paper and attach)

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

Authorization is hereby granted to The Orlando Regional REALTOR® Association to transfer ownership of the KeyBox(es) mentioned above:

FROM:

Name: _____

Office: _____

Member #: _____

Phone: _____

Sign: _____ Date: _____

TO:

Name: _____

Office: _____

Member #: _____

Phone: _____

Sign: _____ Date: _____

Please note that all of the information on this form must be filled in, including signatures from both parties to ensure proper processing.