

# Keybox Transfer Form



FROM Name: \_\_\_\_\_  
Name, Member # & Office

TO Name: \_\_\_\_\_  
Name, Member # & Office

Serial #'s:

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_
- 9 \_\_\_\_\_
- 10 \_\_\_\_\_

**Keyboxes to be transferred within \_\_\_\_\_ days (from 1-15) of (Date) \_\_\_\_\_**  
*The member agrees to COMPLY within this time frame and understands that their billing will start immediately.  
Member agrees to take ownership of these stated keyboxes within number of days stated.*

*Agent receiving leased boxes understands that this is a new lease and will not get any credit that has been previously paid on the keybox(es).*

**Signature of transferring agent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of receiving agent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Please save and email completed form to  
membership@tulsarealtors.com.***

MLS Tech Signature/processed by: \_\_\_\_\_