

Fresno Association of Realtors®
LOCKBOX OWNER TRANSFER FORM

Date of transfer: _____

New Owner: _____ Member #: _____

Office: _____ Office#: _____

Original Owner: _____ Member #: _____

Office: _____ Office#: _____

This is to certify that I have transferred the ownership of the listed
Supra iBox Keybox(es) to the agent named above.

Signature: _____ Date: _____

Keybox serial number(s), found on back of box:

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