

Member # _____

Office # _____

KeyBox Transfer Form

Fax or Email completed form to Admin Center

Amador AOR	(209) 223-3876 / acar@metrolist.net	Nevada AOR	(530) 272-2646 / ncaor@metrolist.net
Central Valley AOR	(209) 858-1709 / cvar@metrolist.net	Placer AOR	(916) 624-8023 / pcar@metrolist.net
El Dorado AOR	(530) 676-0180 / edcar@metrolist.net	Sacramento AOR	(916) 283-8812 / sar@metrolist.net
Lodi AOR	(209) 368-8289 / lar@metrolist.net	Sutter-Yuba AOR	(530) 674-4304 / syaor@metrolist.net
LAR Modesto Branch	(209) 523-5317 / modesto@metrolist.net	Yolo AOR	(530) 666-7444 / ycar@metrolist.net

Current
Holder of
KeyBox(es)

This section is to be completed by the current (old) holder of the KeyBox(es)

This is to inform MetroList Services, Inc. that _____,
Print Current (Old) KeyBox Holder's Name
 owner of the following KeyBox(es), wishes to transfer possession of the KeyBox(es) to

Print New KeyBox Holder's Name

KeyBox Serial Numbers are:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

New
Holder of
KeyBox(es)

This section is to be completed by new holder of KeyBox(es)

As the new responsible owner of such KeyBox(es), I hereby accept and assume all rights and obligations pursuant to the MetroList KeyBox System Use and Sublease Agreement.

New KeyBox Holder Name _____

Office Name _____ DRE License # _____

Office Address _____

City _____ State _____ Zip Code _____

Office Phone () _____ Office Fax () _____

Required
Signatures

 Current KeyBox Holder Signature Print Current KeyBox Holder Name Date

 New KeyBox Holder Signature Print New KeyBox Holder Name Date