

# LOCKBOX TRANSFER FORM

North San Diego County Association of REALTORS®

906 Sycamore Ave. Suite 104

Vista, CA 92081

TEL: (760) 734-3971 FAX: (760) 734-3976

New Owner: \_\_\_\_\_

SentriCard # \_\_\_\_\_ Agent ID: \_\_\_\_\_

Agent Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

New Card Owner Signature: \_\_\_\_\_

Lockbox Serial No.(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This is to certify that I have transferred the right of the use of the listed SentriLock lockbox(es) to the above new Owner.

Original Owner: \_\_\_\_\_ Agent ID: \_\_\_\_\_

Agent Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

Original Owner Signature: \_\_\_\_\_

**Please fax completed form to the VISTA office to insure immediate transfer of all equipment to new owner.**

\_\_\_\_\_  
NSDCAR Staff Signature

\_\_\_\_\_  
Date