

**Marin Association of REALTORS®**

**Supra iBox Transfer Form**

**Titled Lockbox Owner Information (please print)**

Name: \_\_\_\_\_ Agent ID (Member #): \_\_\_\_\_

Office Name: \_\_\_\_\_ Agent Phone: \_\_\_\_\_

The following lockbox(s) are being transferred to the agent listed below (list serial numbers).  
The owner listed above has verified that the transferee below is eligible to have these boxes:

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

Owner's Signature: \_\_\_\_\_

Agent/Office ID\*: \_\_\_\_\_ Date: \_\_\_\_\_

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**To be completed by new iBox Owner**

Transferee's Name: \_\_\_\_\_

Agent ID: \_\_\_\_\_ Phone #: \_\_\_\_\_

Company: \_\_\_\_\_ Key #: \_\_\_\_\_

By signing below, the new lockbox owner acknowledges receipt of the lockboxes referenced above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_