



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

To: REALTORS Association of Lake & Sumter Counties, Inc.

This is to certify the transfer of ownership for the following Supra Keybox(es).

**Lockbox Serial Numbers:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorization is hereby granted to REALTORS Association of Lake & Sumter Counties to transfer ownership of the Lockbox(es) mentioned above.

**FROM:**

Name: \_\_\_\_\_

Office: \_\_\_\_\_

Member #: \_\_\_\_\_

Signature \_\_\_\_\_

**To:**

Name: \_\_\_\_\_

Office: \_\_\_\_\_

Member # \_\_\_\_\_

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

**\*Email completed form to [Supra@ralsc.org](mailto:Supra@ralsc.org)**

*Please note that all of the information on this form must be filled in, including signatures from both parties to ensure proper processing.*