



For MLS Use Only

Member Num. _____

Office Num. _____

MetroList Services, Inc. KeyBox Transfer Form

Fax When Complete To An Admin Center

El Dorado	(530) 676-0180	Placer	(916) 624-8023
Lodi	(209) 368-8289	Sacramento	(916) 922-1221
MetroList Main Office	(916) 922-1835	Stockton	(209) 954-4196
Modesto	(209) 549-7079	Yolo	(530) 666-7444

Current Holder of KeyBox(es)

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

This is to inform MetroList Services, Inc. that _____
Print Current 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

The 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 _____

Office Address _____

City _____ State CA Zip Code + Four _____ -

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