



## SENTRILOCK LOCKBOX TRANSFER FORM

Transferring Agent/Owner

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

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

Lockbox Serial #'s:

- |          |           |           |
|----------|-----------|-----------|
| 1. _____ | 7. _____  | 13. _____ |
| 2. _____ | 8. _____  | 14. _____ |
| 3. _____ | 9. _____  | 15. _____ |
| 4. _____ | 10. _____ | 16. _____ |
| 5. _____ | 11. _____ | 17. _____ |
| 6. _____ | 12. _____ | 18. _____ |

Total Number of Boxes Transferred: \_\_\_\_\_

Receiving Agent:

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

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

Phone: \_\_\_\_\_

Transferring Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Receiving Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Association Use Only

Transfer Completed on \_\_\_\_\_ by \_\_\_\_\_