



**COLUMBUS  
REALTORS®**  
www.COLUMBUSREALTORS.com

**EQUIPMENT TRANSFER FORM**

**Transfer of KeyBox Ownership** *(complete transfer section and sign)*

KeyBox(es) Serial #: \_\_\_\_\_  
\_\_\_\_\_

**TRANSFER:** Complete both columns if you are transferring your KeyBox(es) to another agent or broker who is a member of the Columbus REALTORS® or Columbus and Central Ohio Regional Multiple Listing Service. Complete the left column if you are returning your KeyBox(es) to the Columbus REALTORS®.

**FROM:**

**TO:**

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

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

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

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

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

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

Broker Affiliation: \_\_\_\_\_

Broker Affiliation: \_\_\_\_\_

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

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

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

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

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

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

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Return this form by fax or mail to:**

Columbus REALTORS®  
Attn: Keybox Administrator 2700  
Airport Drive  
Columbus, Ohio 43219  
Fax: 614-337-7559