

EQUIPMENT TRANSFER FORM

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:
Phone:	Phone:
Broker Affiliation:	Broker Affiliation:
LIC#:	LIC#:
Signed:	Date:/

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

Columbus REALTORS*
Attn: Keybox Administrator
2700 Airport Drive
Columbus, Ohio 43219

Email: keybox@columbusrealtors.com