

CASCADES EAST MULTIPLE LISTING SERVICE LOCKBOX TRANSFER FORM

I do hereby request the following Supra lockboxes be transferred to the individual named below. I certify that I am the rightful owner of the lockboxes listed.

Lockbox Serial Number	Lockbox Serial Number	Lockbox Serial Number	
Transferring Owner Inform	ation:		
Name:			
Agent ID #:			
Phone:			
Office Name:			
I hereby authorize the Casc will no longer have any righ		e to reassign this lockbox to the indiv	vidual specified below and I
Signature of Transferring Owner			Date
As the new owner of the lock the Oregon Data Share LLC.		hts and obligations for these lockboxes	, including those outlined in
Receiving Owner Information	on:		
Name:			
Agent ID #:			
Phone:			
Office Name:			
I hereby authorize the Case	ades East Multiple Listing Servic	e to reassign this lockbox to me and	l am now the responsible

Signature of Receiving Owner

party of this lockbox.

Date

EMAIL COMPLETED FORM TO MLSSUPPORT@CASCADESEASTREALTORS.COM

This is to be completed by MLS Staff Only

Transfer Completed By