

Lakeside Terrace Lockbox Registration Form

Unit #: _____ Owner Last Name: _____

List Agent: Please complete the following information

Name of Listing Agent: _____ Realtor Name: _____

Address: _____
Street

_____ - _____
City State Postal Code

Lockbox installation Date: _____ Contact Phone #: (____) (____) - (____)

Expiration of Contract (rental or sale of unit): ____ / ____ / ____ We will use this phone number to contact the agent if
mm dd yy lockbox is not removed after unit sale or rent!

Lockbox serial number: _____

Explain how lockbox is identified (business card, serial number, Unit number...):

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MLS Listing Information: _____

