

REALTORS® ASSOCIATION OF NORTHEAST WISCONSIN

KEYBOX RETURN FORM

I, _____, Broker at
(Broker Name)
_____, am returning _____
(Office Name) # of Boxes

Electronic KeyBox(es) to RANW this date: _____.

Please **list serial number(s)** of the box(es) being returned:

(attach sheet if more space is needed)

(Broker Signature) (Date)

RANW Staff Only:

_____ boxes received on _____
of box(es) (Date)

Box(es) in good working condition? YES
NO (list SNs) _____

Staff Signature: _____