

CBRAR FORM 325

CBRAR Property Services, Inc.

Multiple Listing Service 6814 Teagle Lane Gloucester, Virginia 23061

CBRAR MLS Supra Lockbox Request Form

I request	_ CBRAR MLS Supra lo	ckboxes to supplement the additional active and
_	_	I understand that the additional lockboxes fall under
the CBRAR Prope	erty Services, Inc. Lockbo	ox Broker User Agreement signed by me.
Date of Request:		Office Number:
1 -		
Company Name:		
Company Name.	(Please Print)	
Designated Broker	(Please Print)	
	(Trause Trint)	
Designated Broker	r Signature:	
Boxes may only be advance.	e picked up by the Broke	r or by someone designated by the Broker in
request.		to pick up lockboxes for this
•		
	\ <u>-</u>	<u>lls@cbrar.com</u> this form. Your request will be y warrants the issue of additional boxes, your
•	•	e picked up by the Designated Broker, or by
	ted by the Designated B	
CBRAR Use Only:		
CDIVIN OSC OMy.		
Date:		
Current lockbox invent	ory:	
# of additional boxes to	be issued:	
Total boxes now assign	ed:	
_		
Staff initials:		