



**SOUTHLAND REGIONAL
ASSOCIATION OF REALTORS[®], INC.**

KEYSAFE REMOVAL REQUEST FORM

Listing # _____ Date: _____

Keysafe Serial# _____

Shackle Code: _____

Property Address: _____

Cross Street: _____

Thomas Guide Coordinate: _____

Keysafe Location: _____

Called in By: _____

Membership #: _____ Telephone: _____

Reason for Removal: _____

Requested By: _____

Authorized By: _____

KEYBOX RETURNED FROM PROPERTY

Called Agent On: _____

Opened No Problem _____ Charge: \$ _____

Replace Unable to Open N/C _____

Date of Pick-Up: _____

Issued By: _____ Written in Log: _____