LOCKBOX TRANSFER FORM

This form is not necessary to transfer lockboxes between ACTIVE Keyholders

Fax: 719-476-8185 Email: lbsupport@ppar.org

- **To be completed by the original owner**

Member Name _____ Member #_____ Phone # _____

I (*Print Name*)_____am transferring ownership of the following lockboxes. I have verified with RSC that I am the original owner of said lockboxes.

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____

Signature *(Original Owner)* **Date**

- **To be completed by the new owner**

Member Name _____ Member #_____ Phone # _____

_____ _____

Signature *(New Owner)* **Date**

Once the transfer is initiated by RSC, the new owner will need to open each lockbox to complete the process

_____ _____

RSC Staff Signature Date