

**Garrett County Board of REALTORS®, Inc.
SentriLock Reciprocal Key Access Agreement**

Please allow 2-3 days for processing.

Please Print:

First Name	MI	Last Name
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Company	Phone#	Fax#
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Office Address	City	State	Zip Code
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Home Address	City	State	Zip Code
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Home Phone#	E-Mail Address
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Primary Association: _____ SentriCard Issued By: _____

SentriCard#: _____

NAR ID#: _____

License:

Maryland# _____ Pennsylvania# _____ West Virginia# _____

Comply with National Association of REALTORS® requirements (as from time to time amended) for the access and use of a Key Box System, including notification of each listing agent of the SentriCard Holder's intention to enter the property through the use of the Key Box. This notification is to be prior to the actual entry unless the listing indicates the cooperating agent may access the property without prior notice to the listing agent or the listing office.

By the signatures below, both agent and Designated REALTOR®/Principle Broker/Manager hereby acknowledge and understand that it will be their responsibility to become familiar with and abide by the appropriate rules and regulations of the particular SentriLock System provider. Please read, sign and become familiar with the entire Lockbox and Keycard Rules and Regulations, Garrett County Board of REALTORS®, Inc., attached and located on www.gcbr.org.

Print Name	Signature of Agent	Date
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Print Name	Signature of Designated REALTOR ®/Principle Broker/Manager	Date
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DO NOT WRITE BELOW THIS LINE
For GCRB Staff Only

Real Estate/Appraiser License Verification: _____

Verified By:

Name	Date
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