



Limited Authorization

I, _____, authorize the individual stated below to act on my behalf for loaner lockbox services.

- One Time Only
- Permanent Authorization

Member Info

Name: _____
 Phone: _____ Email: _____
 Signature: _____ Date: _____

This form, along with my signed Loaner Lockbox Agreement, allows the authorized individual below to:

- Check-out loaner lockboxes
- Return loaner lockboxes
- Authorize programming of Shackle and CBS codes

My Authorized Individual is:

Printed name: _____
 Signature: _____ Date: _____

Number of lockboxes to check out _____ Number of lockboxes to return _____

Shackle Code (4 digits): _____

CBS Code (7 digits): _____

FOR OFFICE USE ONLY:	
Member ID: _____	Completed by _____