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REALTORS® Association of York & Adams Counties 901 Smile Way, York, PA 17404 717-843-7891 Fax 717-854-0720

## **KEY LEASE AUTHORIZATION**

It is hereby agreed among the REALTORS® Association of York & Adams Counties, Inc,:

| D. I. I. DELLEGO, BROWE  | of  |
|--|---|
| Designated REALTOR®- BROKE   | CR Company Name   |
|  | and, as follows:  |
| Office Branch / Location   | Key Holder (name of agent)  |
| Ţ.   | th the association, I agree to review the Lockbox ing Lockbox Access. I agree to abide by all Lockbox by cards, lockbox access and one-day codes.  Initials   |
| <ol><li>PAYMENT. Payment for service and key (i<br/>payments are non-refundable.</li></ol>   | if applicable) are due with this application. These   |
| 3. NO LOAN OF KEY. Holder shall not loan   | their key to any person.  |
| a key contained in a Lockbox without first recommon from the seller if MLS showing instructions so a Regulations and is subject to sanctions.  Init  5. INDEMNIFICATION. Holder covenants a from any and all liability obligations, or demand all liability, including attorneys' fees, incu | Initials that if they show an occupied or vacant property using seiving permission of the listing office or permission to provide, holder is in violation of the Lockbox Rules  tials and agrees to indemnify and hold RAYAC harmless ands against RAYAC including, but not limited to, any airred by RAYAC as a result of damage or injury to the premises arising out of the entry by holder or any seey. |
| - ·  | ip for whatever reason. Designated REALTOR® le with holder for all duties, responsibilities, and  |
| PA Real Estate Lic#  | DATE:   |
| Key holder's Signature   | Designated REALTOR® (Broker)'s Signature  |
| Key holder's preferred phone #   | Key holder's e-mail address   |

Once this form is completed and signed, please email it to staff@rayac.com.