

Frederick County Association of REALTORS® SentryLock Reciprocal Key Access Agreement

First name: Last name:

Office/company name:

Address:

City: State: Zip:

Home address:

City: State: Zip:

Phone: Email:

By my signature below, I hereby acknowledge and understand that it will be my responsibility to become familiar with and abide by the appropriate rules and regulations of the SentryLock provider.

Signature

Date

For Primary Association Staff

Primary Association: SentryLock Card issued by:

SentryCard #: NAR #:

Real Estate/Appraiser License: State:

Requesting access to:

Verified by: Organization:

(Revised 1/23)