

**RECIPROCAL KEY ACCESS REQUEST FORM**

DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

OFFICE NAME: \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

OFFICE PHONE NUMBER: \_\_\_\_\_

NRDS ID # or MEMBER ID # from your Board: \_\_\_\_\_

SUPRA KEY SERIAL NUMBER: \_\_\_\_\_ PIN#: \_\_\_\_\_

MLS/BOARD/ASSOCIATION

MLS ONLY

ASSOCIATION NAME: \_\_\_\_\_

ASSOCIATION TELEPHONE #: \_\_\_\_\_

ASSOCIATION STAMP:

**SUPRA SYSTEM KIM INFORMATION: TO ACCESS KIM VOICE CALL 888-968-4032.**

AGENT SIGNATURE: \_\_\_\_\_

ASSOCIATION STAFF SIGNATURE: \_\_\_\_\_

**\*\* PLEASE ALLOW UP TO 24 HOURS FOR KEY PROGRAMMING**

**ASSOCIATION USE ONLY**

RECIPROCAL MEMBER ID #: \_\_\_\_\_ OFFICE ID #: \_\_\_\_\_