



SentriLock Reciprocal Key Access Agreement

Keyholder name _____

Keyholder email address _____

Firm name and address _____

Keyholder phone # _____

Real Estate License # _____ Exp. Date _____

SentriKey # _____ NRDS # _____

By the signatures below, both the Keyholder and the Keyholder's Principal Broker/Manager hereby acknowledge and understand that it will be the Keyholder's responsibility to become familiar with and abide by the [WMLS Lockbox and Key Service Rules and Regulations](#).

Signature of Agent _____ Date _____

Signature of Principal Broker/Manager _____

WMLS Staff Approval _____ Date _____

*Please note this may take up to two (2) business days to process.