LOCKBOX REMOVAL REQUEST

I, _____ have attempted to remove a lockbox with the serial

#_____, shackle code # _____ from the property located at

(street)_____, (city, state, zip)_____. I have

confirmed the serial number and shackle code on the lockbox presently on the

above-mentioned property and I have verified these numbers to be correct. I

request that the Association remove the lockbox.

_____   _____

GSREIN Member Signature   Date

_____

Telephone #

Please specify below where the lockbox is located on the property.

_____

_____

_____