



Key Pick-Up Form

Tenant Name: _____

Property Address: _____

Number of House Keys: _____

Initials: _____

Number of Mailbox Keys: _____

Initials: _____

Number of Garage Door Openers: _____

Initials: _____

Pool Access Fob: _____

Initials: _____

Received HOA Documents: Yes No

Initials: _____

Tenant Signature

Date

Flagship Property Management Signature

Date