



LOST OR STOLEN SENTRICARD™ AFFIDAVIT

We, the undersigned, verify Sentricard™ number _____ belonging to _____ of _____ (SentriCard™ Holder's Name) (Company Name)

was _____ Lost _____ Stolen on _____ (Date)

at the following location _____

and due to the following circumstances: _____

The Sentricard™ has not been recovered and we have no knowledge of the whereabouts of the Sentricard™.

To the best of our knowledge the Sentricard™ has not been voluntarily transferred or given to any other party.

Signed:

(SentriCard™ Holder)

(Date)

(MLS Participant)

(Date)



If you have any questions, please contact MAAR at 901.685.2100.

Please send completed forms to MAAR, P.O. Box 171159, Memphis, TN 38187-1159 or fax to Member Services at 901.761.4003 or e-mail to membership-mls@maar.org.