



BICYCLE REGISTRATION FORM

Address and Unit #: _____

<input type="checkbox"/> Homeowner	<input type="checkbox"/> Tenant	<input type="checkbox"/> Resident
Last: _____ First: _____		
<input type="checkbox"/> Homeowner	<input type="checkbox"/> Tenant	<input type="checkbox"/> Resident
Last: _____ First: _____		

Bicycle # 1	
Maker/Brand	
Color	
Serial Number #	
Bicycle # 2	
Maker/Brand	
Color	
Serial Number #	

Agreement and Signature

Bike racks are available on a first come first serve basis. Bike racks are located in the access controlled P4 Bike Storage Room. Racks are also located at Tower I P3 level and Tower II P3 level of the parking structure.

Please return this form to West Ocean Association's Management Office. Key fobs to enter the P4 Bike Storage Room will be activated upon receipt.

By signing this form I agree to release the Association and Management from any and all liability for the loss, destruction or damage to my personal property.

Signature: _____ Signature: _____

Date: _____

Bike Permit #'s	
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