

# 340 WEST SUPERIOR CONDOMINIUM ASSOCIATION

## BICYCLE REGISTRATION FORM

(All bikes entering the building must be registered)

**NAME(S)** \_\_\_\_\_ **UNIT#** \_\_\_\_\_

**NUMBER OF BIKES TO REGISTER** \_\_\_\_\_

PLEASE PROVIDE A DESCRIPTION (MAKE, COLOR, MODEL) AND CURRENT STORAGE LOCATION OF BIKE(S):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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(OFFICE USE ONLY)

**HANGER NUMBER** \_\_\_\_\_

**STICKER NUMBER** \_\_\_\_\_

**REGISTRATION FEE RECEIVED (\$50.00 per bike) (DATE)** \_\_\_\_\_

**RECEIVED BY (SIGNATURE)** \_\_\_\_\_