

340 WEST SUPERIOR
CONDOMINIUM ASSOCIATION

2019 BICYCLE REGISTRATION FORM

(Please 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. _____

(OFFICE USE ONLY)

HANGER NUMBER _____

STICKER NUMBER _____

REGISTRATION FEE RECEIVED (\$50.00 per bike) (DATE) _____

RECEIVED BY (SIGNATURE) _____