Bike Parking Application

OWNER INFORMATION:

Owner's Name: _____Unit #: _____

Email: _____ Phone #: _____

BIKE DESCRIPTION:

Make: _____ Color: _____

SHED PREFERENCE: (Choose only one in your Phase)

Phase 1: (Buildings. A - G)

_____ **Shed 1** (A Bldg.)
_____ **Shed 2** (B & C Bldgs.)
_____ **Shed 7** (Office)

Phase 2: (Buildings H - N)

_____ **Shed 3** (H & I Bldgs.)
_____ **Shed 4** (Cul de sac) (J, K & L Bldg.)
_____ **Shed 5** (Bldg. L) (Called a Closet)
_____ **Shed 6** (Bldg. M) (Called a Closet)
_____ **Shed 8** (Behind Gym)

READ AND SIGN BELOW:

I understand that when my Bike Parking Tags are issued, I will be provided a copy of the approved LBH Bicycle Parking Policy and agree to abide by its rules and regulations and that failure to do so will result in the revocation of my bicycle parking privilege.

_____	_____	_____
Print Name	**Signature**	**Date**

- -

For Use by Bike Committee

Bike Inspection PASS FAIL

Shed Assigned # _____

REV. JAN 2025