

BICYCLE REGISTRATION FORM

{One form per bicycle - print clearly}

DATE: _____

Name: _____

Address: _____

Phone {H}: _____ {W}: _____

Cell Phone: _____ E-mail: _____

BICYCLE INFORMATION:

Manufacturer: _____

Model Number: _____

Bicycle color: _____ Length of bicycle: _____

Bicycle serial number: _____

Yearly storage fee of \$25.00 per bicycle will be charged to your account. Please make check or money order payable to: Darlington Ridge Condominium Association, Inc.

Replacement of lost keys will cost \$5.00 per key.

Date Paid: _____ Check number: _____ Date: _____

Replacement of keys

Key: _____ Check number: _____ Date: _____

Storage location: Building #: _____ Street: _____

Closet #: _____ Bicycle hook #: _____