

40 HOMEWOOD

Bicycle agreement

Name (s)	
Unit/Address:	
Phone Number:	
Email:	
Bicycle room: Provided by office	
Space number: Provided by office	
Make:	
Colour:	

Please indicate whether this is:

New registration _____ Annual Re- Registration _____

I have read the rules concerning bicycle parking at 40 Homewood and agree to abide by them, and I have updated my bicycle information if necessary.

I/we have received a signed copy of this form.

Signature

Print Name

Date

If this is annual re-registration and there is no change in your bicycle information, you can just date and initial each year.

Year:		Initials:		Year:		Initials:		Year:		Initials:	
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Year:		Initials:		Year:		Initials:		Year:		Initials:	
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