

Bike Registration Form

Unit RESIDENT Name: _____

Unit #: _____

Bike 1 - Make _____ Model: _____

Color: _____ Number Of Speed: _____

Frame Style: Women: _____ Men: _____ Racer: _____ Dirt: _____

Beach: _____ English: _____ Other: _____

Decal # _____

Name of person bike belongs to _____

Bike 2 - Make _____ Model: _____

Color: _____ Number Of Speed: _____

Frame Style: Women: _____ Men: _____ Racer: _____ Dirt: _____

Beach: _____ English: _____ Other: _____

Decal # _____

Name of person bike belongs to _____

**ALL BIKE SHOULD BE REGISTERED AND HAVE A DECAL ON THEM TO AVOID ANY INCONVIENCES.
PLEASE CONTACT THE MANAGEMENT OFFICE.**

MUST HAVE PHOTO ATTACHED:

DISCLAIMER

Please remember that PLAZA DEL PRADO is not responsible for personal property loss or damage. Please chain and lock your bicycle. Watch your head, low hanging overhead pipes in the bicycle room. Close the door when leaving.

Acknowledgment of Receipt

Print Name

Resident's Signature