RIVERSIDE TERRACE CONDOMINIUM, INC.
BICYCLE STORAGE ROOM REQUEST FORM

Owner Information:

Unit Number_____ Phone Number_____

Email_____

Bicycle Information:

Type of Bike_____

Make/Model_____

Color_____

Bicycle Identification/Serial Number_____

I am requesting a designated space in the Riverside Terrace Condominium Bicycle Storage Room. I have read and understand the Bicycle Storage Room Rules and Regulations.

I understand that space is limited and subject to availability and will be assigned by the Board.

I understand that The Board reserves the right to inspect the bicycle storage space to ensure all bikes display current registration permits, are actively in use, and comply with the established rules and regulations.

Start Date_____

Additional Comments_____

_____

Owner Signature_____**Date**_____

FOR BOARD USE ONLY:

ASSIGNED SPACE NUMBER_____

DATE APPROVED_____

APPROVED BY_____

SIGNATURE_____

PRINT NAME_____