

**THE LOFTS AT WESTINGHOUSE CONDOMINIUM**

**BICYCLE REGISTRATION FORM**

**1. Unit Ownership and Occupants:**

Unit # \_\_\_\_\_ Unit Address: \_\_\_\_\_

Name of Unit Owner(s): \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Day Tel #: \_\_\_\_\_ Day Tel # \_\_\_\_\_

Home Tel # \_\_\_\_\_ Home Tel # \_\_\_\_\_

Cell Tel #: \_\_\_\_\_ Cell Tel # \_\_\_\_\_

Email address: \_\_\_\_\_ Email address: \_\_\_\_\_

All occupants of unit:

Name: \_\_\_\_\_ Day Tel # \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_

Name: \_\_\_\_\_ Day Tel # \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_

Tenants:

Name: \_\_\_\_\_ Day Tel # \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_

Name: \_\_\_\_\_ Day Tel # \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_

**Return completed form to Board Managers Pam Ross (unit 309) or Matt McKee (during business hours at unit S7), to receive your numbered bike registration sticker.**

**CONDOMINIUM USE ONLY. DO NOT WRITE BELOW THIS LINE**

**Date:** \_\_\_\_\_

**Bike registration number(s):** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_