



BIKE LOCKER APPLICATION/AGREEMENT

Please complete the following:

Name:	
Address:	
City:	
State:	Zip:
Daytime Telephone Number:	
Evening Telephone Number:	

Locker Location Desired:

Jefferson County Library _____

Haines Place Park & Ride _____

Jefferson Transit Depot _____

This document constitutes the entire agreement, and execution of it constitutes acknowledgement by the applicant that the applicant has read and agrees to the terms and conditions as outlined in the Jefferson Transit Bike Locker Program Guidelines.

I agree to the statements above.

Applicants

Signature: _____ **Date:** _____

FOR OFFICE USE ONLY – Acceptance and assignment of a locker:	
Locker Location: _____	Locker Number: _____ Key # _____
Date Issued: _____	Deposit Amount \$ _____
Cash: _____ Check # _____	Expiration Date: _____
Staff Signature _____	