



BIKE LOCKER APPLICATION/AGREEMENT

Please complete the following:

Name:	
Address:	
City:	
State:	Zip:
Home Telephone Number:	
Cell Telephone Number:	

Locker Location Desired: 63 4 Corners Rd_____ Haines Place PNR_____

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:** _____

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