



BIKE LOCKER APPLICATION/AGREEMENT

Please complete the following:

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

Locker Location Desired: _____ Cnty. Library _____ PNR _____ HJ Carroll Park

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: _____	