

# Bike Locker/Cage Application

Last/Family Name \_\_\_\_\_ First/Given Name \_\_\_\_\_

UO ID # \_\_\_\_\_ Home/Cell # \_\_\_\_\_

Email Address \_\_\_\_\_  @uoregon.edu

Home Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Department \_\_\_\_\_ Campus Phone # \_\_\_\_\_

Preferred Locations \_\_\_\_\_

## Bicycle Information

*All bicycles using lockers or cages must be registered with Transportation Services and Project 529.*

Project 529 Shield #: \_\_\_\_\_ Serial Number # \_\_\_\_\_

Color \_\_\_\_\_ Make \_\_\_\_\_

Model \_\_\_\_\_ Model Year \_\_\_\_\_

Project 529 Shield #: \_\_\_\_\_ Serial Number # \_\_\_\_\_

Color \_\_\_\_\_ Make \_\_\_\_\_

Model \_\_\_\_\_ Model Year \_\_\_\_\_

Expiration Month (Circle One)	10/31/19	11/30/19	12/31/19	01/31/20	02/29/20	03/31/20
	04/30/20	05/31/20	06/30/20	07/31/20	08/31/20	09/30/20

## Payment Method

Cash  Check  Visa/Mastercard  One Time Payroll Deduction  Student Billing

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

*By signing above I agree to abide by the UO Parking Policies and Regulations. I understand I am fully responsible for the bicycle(s) for which the bike locker or cage was obtained. I verify that the information I entered on this form is true and correct.*

**Office Use Only**

Permit \_\_\_\_\_ Expiration Date \_\_\_\_\_  Spreadsheet Updated

Total \_\_\_\_\_ Issued By \_\_\_\_\_ Issue Date \_\_\_\_\_  Key Inventory Updated

Location LOT \_\_\_\_\_ STATION \_\_\_\_\_ Type  LOCKER  CAGE  TTK Updated

Permit \_\_\_\_\_ Expiration Date \_\_\_\_\_  Spreadsheet Updated

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