**Bicycle Registration Form**

Please complete all of the information in the spaces provided and return to The Select Group at their office or via mail, fax or email as provided at the bottom of this form to obtain your bicycle decal(s). Upon receipt of the completed form, your decal(s) will be issued.

Unit Address:

Owner's Name:

Person Applying for Decal (if Owner, put "same"):

Applicant is: 🞏 Owner 🞏 Renter Email Address:

Phone: (Home) (Work) (Cell)

**Bicycle Information**

|  |  |
| --- | --- |
| **Complete Description (Manufacturer - Style - Boys/Girls - etc.)** | **Color** |
|  |  |
|  |  |
|  |  |

**Signature: Date:**

|  |
| --- |
| **For Office Use Only**  Assigned Parking Space # Number of Decals Issued:  Decal(s) Mailed / Picked up: Issued by: |

**\*\*Return completed form to The Select Group**

**at the address, fax number or email address below.\*\***