



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: _____

Return completed form to The Select Group via the address or fax number provided below or by email to the management team listed on our website.

For Office Use Only

Assigned Parking Space # _____ Number of Decals Issued: _____

Decal(s) Mailed / Picked up: _____ Issued by: _____