

DURHAM CONDOMINIUM CORPORATION NO. 19
BICYCLE RACK APPLICATION

DATE: _____

SUITE NO.: _____

(CHECK ONE) OWNER: _____ **RESIDENT** _____

OWNER'S/RESIDENT NAME: _____

TELEPHONE: _____ **EMAIL:** _____

SIGNATURE: _____ **BIKE SPOT #** _____

TENANT SIGNATURE (IF APPLICABLE): _____

Unauthorized bicycle(s) found on the racks will be removed and disposed of after 15 days. Residents who cease to use their bicycle(s) are requested to relinquish the space on a timely basis.

Comments:
