



APPLICATION FOR USE OF SECURE BICYCLE PARKING FACILITIES

I _____, acknowledge and agree that I am solely and completely responsible for the bicycle and any other of my property placed by me in the City of Fredericton Secure Bicycle Parking Facility located at the following location:

___ Frederick Square, 235 King Street

___ East End Garage, 635 King Street

I acknowledge and accept that the City of Fredericton, its elected officials, employees, and agents are not responsible for any damage to or theft of any of my property while it is located in the Secure Bicycle Parking Facility.

I agree that the access and space assigned to me by the City of Fredericton is for my use only and not to be shared or assigned to anyone else.

I also acknowledge and agree to the terms and conditions defined in the RULES AND REGULATIONS REGARDING SECURE BICYCLE PARKING FACILITY, which I explicitly acknowledge having read and understood.

Cyclist Information

<i>Full Name</i>
<i>Employer</i>
<i>Address</i>
<i>City & Postal Code</i>
<i>Day Time Phone</i>
<i>Email</i>

Bicycle Identification

<i>Make/Model</i>
<i>Identifying Features</i>
<i>Color/Size</i>
<i>Other</i>

Please notify the City of Fredericton Service Centre at 397 Queen Street of any changes to the above information.

Signature

Date

For Office Use only: Bicycle Parking Facility

Date application received/Date access enabled key #