



Bicycle Request Voucher

Please use this voucher or send the information via email to: gatecitybikecoop@gmail.com

I understand that Gate City Bike Co-op will help me with my bike, but all responsibility for its safe maintenance and operation remains with me.

Who is this request for?

Date _____

Signature _____

Printed Name _____ phone or email _____

Street _____

City _____

Are you a Child Teen Adult

What do you need? Bicycle Lock Helmet Lights

Bicycles, locks, lights, and helmets are subject to availability

Will this bike be your only vehicle? _____

Pick up: Mondays 3-7pm, 35 Spring Street, in the school across from the Post Office

Agency Approval

Nashua Soup Kitchen

Front Door Agency

Nashua Boys and Girls Club

Harbor Homes

PAL (Police Athletic League)

Approval Signature _____ Date _____

Approval Phone and/or Email _____