



CITYPLACE SOUTH TOWER CONDOMINIUM ASSOCIATION, INC.

BICYCLE REGISTRATION

Unit #: _____ Email: _____

Unit Owner/Resident Name: _____

Bicycle Owner's Name: _____

Bicycle #1 Make: _____ Model: _____
 Color: _____
 Decal #: _____ Assigned Space: ____ - _____

Bicycle #2 Make: _____ Model: _____
 Color: _____
 Decal #: _____ Assigned Space: ____ - _____

Bicycle #3 Make: _____ Model: _____
 Color: _____
 Decal #: _____ Assigned Space: ____ - _____

Bicycle #4 Make: _____ Model: _____
 Color: _____
 Decal #: _____ Assigned Space: ____ - _____

****Note: Bicycles must be stored in assigned space ONLY****
Combination to Bicycle Storage area available from Management Office Only