

LINCOLN CENTRE

Bicycle Storage Agreement

Name: _____

Company: _____

Building: _____ Suite: _____

Phone #: _____ E-mail: _____

Description of Bicycle

Make: _____ Model: _____

Color: _____ Accessories: _____

THE STORAGE AREAS ARE INTERMITTENTLY PATROLLED. THERE IS A RISK OF CRIME OCCURRING IN THE BIKE STORAGE AREA AND THE RISK MAY INCREASE AFTER BUSINESS HOURS. LINCOLN CENTRE IS NOT RESPONSIBLE FOR DAMAGES OR ITEMS OF PERSONAL PROPERTY THAT ARE LOST OR STOLEN. LINCOLN CENTRE IS NOT RESPONSIBLE FOR DAMAGE OR LOSS TO PATRONS DUE TO CRIMINAL ACTIVITY.

Code to Bike Area Received by: _____

Print Name: _____

Received Date: _____

Employee's Printed Name

Employee's Signature

Date

Authorized Tenant Representative's Name Printed

Authorized Tenant Representative's Signature

Date

Please send form to: 972-770-2441 Fax

NOTE: The Authorized Tenant Representative must sign all requests.