

BICYCLE REGISTRATION FORM

Bicycle Owner's Name: _____ Tenant Owner

Unit Address: _____

Owner's Contact Information:

(Home): _____

(Work): _____

(Cell): _____

(E-mail): _____

Bicycle Information:

Make/Model : _____ Color: _____

By submitting this form, I understand that I am subject to abide by the guidelines regarding bicycles set forth in the Handbook for My Condominium Association.

***If you do not have a copy of the Handbook/Rules and Regulations, please e-mail us right away.**

Bike Owner's Signature

Date

You may mail, fax or email the completed form.

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