

Boston University Medical Center Bike Cage Application 2009

ANNUAL FEE : \$20.00

Name:

Last

First

Cell Phone

Work Phone

Email

Affiliation :

EMPLOYEE

BMC

BU Employee

STUDENT

BUSPH

BUSM

BUSDM

BUSGSM

Home Address

Bike information:

Make/Model

Color

Serial Number

(can be found on the
underside of bike)

PLEASE REMEMBER: Close the door behind you. DO NOT let anyone enter without an ID.

BUMC will maintain the bicycle cage. However, please understand that you assume full responsibility when you chose to use the cage. This means that BUMC will not be responsible for any loss, theft or damage to your bicycle or any other belongings.

PLEASE READ & SIGN THE ARGREEMENT ON THE BACK

Signature

Date

Sticker #	_____
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TRANSCOMM

Transportation Solutions for Commuters, Inc.
Serving Boston's Lower South End

Name: _____

ID #: _____

By Signing this document, I agree:

1. Each person must tap or swipe their own ID card for access *
2. I will not let anyone enter on my access card*
3. I will park responsibly taking only ONE space as seen in diagram A*
4. I will not lend my access card to anyone else*
5. I will lock my bike*
6. I will not leave my bike overnight unless there are weather/ job shift or emergency issues*
7. If I will not be using the bike cage for more than 30 days, I must inform TransComm*
8. I understand that I assume full responsibility when I choose to use the cage. BUMC will not be responsible for any loss, theft or damage to my bicycle or belongings.

* Any violation of these rules may result in suspension of bike cage access.

As the program progresses, these guidelines are subject to change.

Signature

Date

IF YOU FORGET YOUR BIKE ACCESS ID, PLEASE PARK AT A BIKE RACK AS YOU CANNOT ENTER THE BIKE CAGE WITHOUT AN ID.

Diagram A



Payment received:

Check

Credit

Cash

Sticker #	<input type="text"/>
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