	BICY	UNIVERS CLE AN							
Las	st Name:								
First Name:									
R#:									
Address:									
City/State/ZIP:						Tele	phone:		
Please Circle One:		Faculty	Staff	Student	C	Other			
PLE	ASE REGISTER T	HE BICYCLE	YOU WILL	BE RIDIN	G ON C	AMPUS.			
	MAKE	COLOR	SERIAL N	UMBER					
1.									
If ap	plicable:								
□ B	Bike Locker		=\$30 pe	er year					
□ Deposit for key (refundable) =\$40 per year									
	repeate ion they (note		ψ.σ ρο	, y ca.					
	ee to comply with the ssed against any be ature: Signature	ne University icycle I opera e is required		ulations ar us.			al respons		any fees
Send this application to: Parking Services Department/254 University of Nevada, Reno Reno, Nevada 89557-0091 (775) 784-4654									
For	Office Use Only:								
Payr	ment Amt.: \$	Payn	nent Type:	Cash	PD	CREDI	T CK#	<u> </u>	_
Initia	ıls: Permit T	уре:	Permit	Number:			Date:		
Bike	Permit Number:		_						
Expi	ration date/ S	Signature				_			
Cred	lit Card Type	C	redit Card #		_//	<u> _</u>		//	<u>/</u> /