BIKE REGISTRATION FORM

Mandated by the Office of Public Safety and
The Office of Administration/Sustainability

Date: _____

Name:_____ **Lesley ID Number**:_____
(Found on back of Lesley ID Card)

Status: Student:_____Class / Year:_____ **Employee**:_____ **Department**:_____

Campus Address:_____

_____

Permanent Address:_____

_____

Email:_____**Phone**:_____

BICYCLE INFORMATION:

Men's_____ Women's_____

Frame Size (In inches):_____ Manufacturer:_____

Model:_____ Serial Number:_____
(If available)

Bike Color:_____

Any additional identifying marks or labels please mention here:_____

Please note: Once this form is filled out, please return to any of the three Campus Public Safety Offices located throughout the Cambridge Campuses, to receive your tag/permit.

I hereby confirm the above information above is accurate and correct to the best of my knowledge. I have also read and understand the Bike Registration Policy.

Signature_____

PUBLIC SAFETY SECTION (to be filled out by Officer on duty):

Permit Tag # _____

Student/Employee: Please initial upon receipt of Permit Tag _____

Attention Public Safety Officer: This form must be returned to the Office of Administration -815 Somerville Ave, 3rd Floor upon completion.