



Bicycle Registration Form

The Versailles Homeowners Association is not responsible for any damages or loss.

Bicycle #1

Bicycle Make/Model: _____

Color(s): _____

Notes:

Bicycle #2

Bicycle Make/Model: _____

Color(s): _____

Notes:

Bicycle #3

Bicycle Make/Model: _____

Color(s): _____

Notes:

SELECT ONE (I am):

OWNER

TENANT

Resident:

Management Representative:

Unit#: _____

Name: _____

Name(s): _____

Signature: _____

Name(s): _____

Date: _____

Date: _____