

# BIKE LOCKER RENEWAL APPLICATION

LACMTA BIKE PROGRAM P.O. BOX 740044 LOS ANGELES, CA 90074-0044

## APPLICANT INFORMATION

Name:		
Current address:		Phone:
City:	State:	ZIP Code:
Email:	Station Location:	Locker No.#
Req. for Transfer: (check here)	Station Location:	
Submit completed FORM & Make CHECK payable to METRO and indicate locker number on check. Send to the address above for Metro approval.		

## EMPLOYMENT INFORMATION

Current employer:		
Employer address:		
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:

## TERMS OF AGREEMENT

Renter acknowledges the above information is correct. I have read the Bicycle Locker Agreement and agree to the terms and conditions, and agree to pay the rent and deposit fee by check or money order.

Signature of Renter:	Date:
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## PAYMENT-METRO USE ONLY

6 month payment locker rent: \$24.00		Check/Money Order #:
Terms of the Agreement	Total Months:	Agreement start date:
Agreement Expiration:	Renewal Date:	Amt. Rec'd: \$

## METRO LOCKER KEY RE-ASSIGNMENT- METRO USE ONLY

Key Number:	Locker Number:	Locker Location:
Key Number:	Locker Number:	Locker Location:
Notes:		

## METRO STAFF APPROVAL

Name	Signature	Date:
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