



# San Bernardino County Bike Locker Application

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FIRST NAME

LAST NAME

EMP #

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STREET ADDRESS

CITY

ZIP CODE

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WORK PHONE

HOME PHONE

E-MAIL

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DEPARTMENT

INTEROFFICE MAIL CODE

I understand that bike lockers and the companion locks are the property of San Bernardino County. I agree to rent a locker/lock combination and maintain them in good condition and I will be responsible for the repair of any damages that result from my use of the locker. I agree to pay a **\$25 deposit** for the lock, which will be refunded to me upon the lock's satisfactory return.

I acknowledge that bike lockers are only available to active cyclists and as a condition of rental, I must demonstrate my commitment to participation in the Cyclist Rideshare Program by tracking my monthly activity on-line at <http://countyline/commuterservices> or by any other means approved by Commuter Services. My signature below confirms my understanding of and my agreement to the terms and conditions set forth in this document.

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EMPLOYEE SIGNATURE

DATE

### COMMUTER SERVICES USE ONLY

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LOCKER NUMBER

BIKE LOCKER DEPOSIT AMOUNT

DATE PAID

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APPROVED BY

DATE