



County of San Bernardino Bike Locker Application

FIRST NAME	LAST NAME	EMP #
STREET ADDRESS	CITY	ZIP CODE
WORK PHONE	HOME PHONE	E-MAIL
DEPARTMENT	INTEROFFICE MAIL CODE	

I understand that bike lockers and the companion locks are the property of the County of San Bernardino. 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.

EMPLOYEE SIGNATURE	DATE

COMMUTER SERVICES USE ONLY

LOCKER NUMBER	BIKE LOCKER DEPOSIT AMOUNT	DATE PAID
APPROVED BY	DATE	