



**BICYCLE PERMIT APPLICATION FORM**  
SD637-065 (07/21/15)

////////////////////////////////////DEPARTMENT USE ONLY IN THIS BOX////////////////////////////////////	
BICYCLE PERMIT #: <b>B</b>	ISSUED BY #: _____
DATE ISSUED: _____	DATE EXPIRES: _____
DATE ENTERED SYSTEM: _____	ENTERED BY #: _____

TODAY'S DATE: \_\_\_\_\_

**REGISTRANT'S INFORMATION:**

CIRCLE ONE: STUDENT EMPLOYEE GUEST DEPENDENT CONTRATOR VISITOR

REGISTRANT'S NAME: \_\_\_\_\_

HU ID #: \_\_\_\_\_

ON-CAMPUS ADDRESS: \_\_\_\_\_, OR

OFF-CAMPUS ADDRESS: \_\_\_\_\_

\_\_\_\_\_, OR

BUILDING/OFFICE/RM#: \_\_\_\_\_

IMMEDIATE CONTACT PHONE NUMBER(S): \_\_\_\_\_

**BICYCLE INFORMATION:**

PURCHASE DATE/AGE OF BIKE: \_\_\_\_\_

SERIAL #: \_\_\_\_\_ VALUE: \$ \_\_\_\_\_

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

TYPE: \_\_\_\_\_ COLOR: \_\_\_\_\_

OWNER/OPERATOR'S SIGNATURE: \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_