



Bicycle Shelter Parking Application

Instructions:

- Complete this form and submit to:
Security Services, 1D8 MUMC, Attention: Bicycle Shelter
- Incomplete forms will not be processed.
- \$10 replacement fee for every lost, stolen, or damaged Proxima card applies.

Cyclist Information:

Full Name:	Hospital Site
Employee ID:	Department:
Home Address:	Location:
City & Postal Code:	Position:
Home Phone:	Work Extension:

Bicycle Identification:

Make/Model:	Color:
Identifying Features:	Size:

Agreement for use of Bicycle Shelter and bicycle parking:

I agree to sole responsibility for the bicycle I park in the Bicycle Shelter. I will not share my Proxima card or parking space. I will update the Security Office if the above information changes. Hamilton Health Sciences is not responsible for any damage to or theft of bicycles or equipment left at the Bicycle Shelter. I also agree to all terms and conditions defined in the *CORP – Bicycle Parking Policy & Procedure*, viewable on our Intranet.

Cyclist's Signature _____ Date: _____



Please refer to all guidelines and restrictions in the Hamilton Health Sciences Bike Parking Policy and Procedure and forms located on the HHS Intranet.

For Office Use Only:	<input type="checkbox"/> Chedoke	<input type="checkbox"/> General	<input type="checkbox"/> Henderson/JCC	<input type="checkbox"/> McMaster	<input type="checkbox"/> FHS Faculty
_____	_____	_____	_____	_____	_____
Date Application Received	Date Proxima Access Enabled	Date Proxima Access Disabled			