

Bicycle Donation Waiver



Customer Information

Employee Student Visitor

Name

UK/BCTC ID number

Email Address

Bicycle Information

Manufacturer _____

Model (if known) _____

Color _____

Serial No. _____

Bike Permit No. _____
(if registered)

I hereby certify that I own the above listed bicycle, and am voluntarily donating it to the University of Kentucky.

Signature

Date

Bicycle Donation Waiver (attach to bike)



For Office Use Only Date Received _____ By _____

Bike Manufacturer _____

Serial No. _____

Notes _____

