

**WATERGATE OF ALEXANDRIA
BIKE REGISTRATION FORM**

Registrant

Name: _____
Address: _____
Email Address & Phone#: _____

Check One: I own this unit I rent this unit

Bicycles To Be Registered

Bicycle 1:	_____	_____	_____
	Make	Model	Color
Bicycle 2:	_____	_____	_____
	Make	Model	Color
Bicycle 3:	_____	_____	_____
	Make	Model	Color
Bicycle 4:	_____	_____	_____
	Make	Model	Color
Bicycle 5:	_____	_____	_____
	Make	Model	Color

Office Use:

Permit #

Permit #

Permit #

Permit #

Permit #

Bicycle Storage Room Key

Check One: I have a bicycle room key I do not have a bicycle room key

Signature

Date

Return Form To

Watergate of Alexandria
c/o SFMC, Inc.
9464 Innovation Drive
Manassas, VA 20110
Fax No.: 703-392-5039
lgilbert@sfmtcinc.com