Bicycle Donation Waiver

Transportation Services

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)

Transportation Services

For Office Use Only Date Received _____ By _____

Bike Manufacturer _____

Serial No. _____

Notes _____

_____

_____

721 Press Avenue | Lexington, KY 40506 0571 | (859) 257 5757 | Fax (859) 323 1212 | transportation@lsv.uky.edu | www.uky.edu/transportation

Rev. October 2023