

Bicycle Parking Registration Form

Facilities & Services Group

<u>Requestors details:</u>			
Name:			
Department/Faculty:			
Office/Bedroom #:			
Phone #:			
Email:			
OPAX/Staff #:			
<u>Bike details:</u>		<u>Location Requested:</u>	
Brand:		AMDC	EW
Model:		SPS	
Colour:		AMDC Locker Key Required (Staff Only) (Please circle)	
		Yes	No
Signature		Date	

FSG Staff Use Only:			
Date Request Received	Date Processed	Completed by:	Card #/Key #:

Collection Details:			
Name	Signature	Date	Phone Ext/Num

Email or mail the completed form to:
Facilities and Services Group - H15
Attn: Peter Collis
pcollis@swin.edu.au