



## Lock Cutting Request Form

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Bike Serial Number: \_\_\_\_\_

Description of Bike: \_\_\_\_\_

Location of Bike: \_\_\_\_\_

Dates and Times available: \_\_\_\_\_

### For Staff Use

Staff Name: \_\_\_\_\_

Today's Date (DD/MM/YYYY): \_\_\_\_\_

Ownership of Bicycle Proven:

\$20 Collected:

Staff Signature: \_\_\_\_\_

Requestee Contacted:

Appointment Date and Time: \_\_\_\_\_

Name of Staff to Cut Lock: \_\_\_\_\_

Campus Police Contacted:  (Do not cut unless all boxes are checked)

Lock Cut: