



K A L E L E K A I

Bicycle Registration Form

Name: _____ Unit#: _____ Phone: _____

1. Bicycle

Make: _____ Model: _____ Color: _____

Serial #: _____ Year: _____ City & County Tag: _____

Description (if necessary): _____

2. Bicycle

Make: _____ Model: _____ Color: _____

Serial #: _____ Year: _____ City & County Tag: _____

Description (if necessary): _____

I understand that Association of Owners of Kalele Kai holds no responsibility for the security, property damage or loss of a bicycle on the premises of Kalele Kai and that it is my responsibility to ensure that my bicycle is secured to the rack and locked. I am responsible for any insurance and understand that the bicycle must be registered with the City and County of Honolulu per Revised Ordinances of the City and County of Honolulu, Chapter 41, Article 12. If not registered with Kalele Kai, the association may determine the bicycle to be abandoned and may dispose of it per Hawaii State Statute, Chapter 514B-139 and the association will not be responsible for any damages related to the disposal.

Printed Name of Bicycle Owner

Date

Signature of Bicycle Owner