



1560 N Sandburg Terrace
Chicago, IL, 60610

P: 312.654.1560
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jameskilmercondo.org

August 7, 2020

2020/2021 BICYCLE REGISTRATION

Dear Owner/Resident:

It's time to register your bike(s) for a space for the September 1, 2020 through August 31, 2021 calendar year.

1. Complete, sign and return the registration form (see back) with your payment to the Management Office **by Monday, August 31, 2020.**

Payment options are:

- (A) Check made payable to James Kilmer Condominium Association
- (B) Charged to your assessment (this option is for unit owners only)

2. *The annual payment is \$35.00 per bike space.*
3. **Numbered bike stickers corresponding to each space will be issued and must be displayed in an easily visible location on the bike.** Scheduled and random inspections will be conducted. Any bike that continues to be non-compliant will be removed.
4. **NEW APPLICANTS: All first time applicants will be placed on the wait list if there are no spaces available. Submit an application to the Management Office by the above deadline to have your name added to the list. Please do not submit payment until you are notified by the Management Office that a space is available.**
5. Only one bike is allowed per space. More than one bike on a hook or space will result in removal from the bike room.

Please inform the Management Office if you are no longer interested in a bike space and when your bike will be removed. Owners and/or Residents who move out of the building are required to remove their bikes when they leave.

The Management Office hours are Monday – Friday, 9:00AM – 6:00 PM. If you are having difficulty stopping by the office during these hours, please call us at (312) 654-1560 ex. 1. We will do our best to work with your schedule.

Thank you in advance for your assistance during this registration period.

*Nichelle McFarlin, James Kilmer Management Office
Please see reverse side*

2020/2021 JAMES KILMER BICYCLE REGISTRATION

Name: _____

Unit #: _____ J or K

Home Phone: _____

Work/Cell Phone: _____

REGISTRATION TYPE: RENEWAL NEW (Please see reverse side)

Annual Fee is \$35 per space from September 1, 2020 – August 31, 2021.

No refunds will be given for terminated or forfeited usage. Spaces cannot be transferred.

CHECK # _____ CHARGE ASSESSMENT \$ _____ Total Fee Paid

SPACE 1: _____	TYPE: <input type="checkbox"/> MEN'S	<input type="checkbox"/> WOMEN'S	<input type="checkbox"/> CHILDREN
BIKE COLOR(S): _____	BIKE MAKE: _____	BIKE MODEL: _____	

SPACE 2: _____	TYPE: <input type="checkbox"/> MEN'S	<input type="checkbox"/> WOMEN'S	<input type="checkbox"/> CHILDREN
BIKE COLOR(S): _____	BIKE MAKE: _____	BIKE MODEL: _____	

SPACE 3: _____	TYPE: <input type="checkbox"/> MEN'S	<input type="checkbox"/> WOMEN'S	<input type="checkbox"/> CHILDREN
BIKE COLOR(S): _____	BIKE MAKE: _____	BIKE MODEL: _____	

In consideration of my use of the James Kilmer Bike Room(s) at Carl Sandburg Village Association #7, Chicago, IL, for myself and for my spouse, children and all other family members and our respective heirs, personal representatives, successors, assigns and care givers (collectively the "Releasing Parties") do hereby fully and forever release and discharge the members of Carl Sandburg Village Condominium Association #7 and its present, former and future officers, directors, agent, employees, successors and assigns (collectively the "Released Parties") of and from claims (including, without limitation, counterclaims, cross-claims and third party claims), demands, causes of action, liabilities of whatever kind, nature or description, known or unknown, direct or indirect, which arise from incurred as a result of my use of the Bike Room(s); and I hereby waive any and all claims, demands, and causes of action against the Released Parties. I fully understand and agree that my use of the Bike Room(s) is solely at my own risk. I also fully understand that the Association, its Board of Directors, its Managing Agent or its Employees shall not be responsible for any items left in the Bike Room(s).

I certify that I am at least 18 years of age, have read, and agree to the above before signing.

Signature: _____ Date: _____

To be completed by Management Office

STICKERS ENTERED INTO DATABASE FOB ACTIVATED

*Nichelle McFarlin, James Kilmer Management Office
Please see reverse side*