

# BICYCLE / STORAGE ROOM APPLICATION & INFORMATION SHEET

## 511 WEST 232ND OWNERS CORP.

511 WEST 232ND STREET  
BRONX, NEW YORK 10463

Name \_\_\_\_\_  
Title (Mr.,Mrs.,Ms., Dr.)      Last      First      Middle Initial

Address 511 West 232<sup>nd</sup> Street Apt# \_\_\_\_\_  
Building Number & Street (to which bills should be mailed)

City Bronx State NY Zip Code 10463

Work Phone: (\_\_\_\_) \_\_\_\_\_  
Area Code      Number

Mobile Phone: (\_\_\_\_) \_\_\_\_\_  
Area Code      Number

Home Phone: (\_\_\_\_) \_\_\_\_\_  
Area Code      Number

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

Please add my name to the Waiting List for:

Storage Room

Bicycle Room

X \_\_\_\_\_ / / \_\_\_\_\_  
Signature      Date

Completed application should be mailed/delivered/faxed to:

**511 West 232nd Owners Corp.**  
c/o Veritas Property Management, LLC  
1995 Broadway, Suite 201  
New York, NY 10023  
Fax: (212) 799-2367

Note: Should a Storage Room Shelf/Bicycle Room Hook become available for your use, you will be required to enter into the Apartment Corporation's License Agreement. Shareholders/residents must have been in good standing per the terms of their lease, including payment of Rent, for the preceding six months before being licensed a Shelf/Hook.

### For Office Use Only

Shelf/Hook Number \_\_\_\_\_ Security Deposit \$ \_\_\_\_\_ Monthly Rate \$ \_\_\_\_\_

Begin Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ End Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_