

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 _____ Apt# _____
Building Number & Street (to which bills should be mailed)

City _____ State _____ Zip Code _____

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
180 West 80th Street, Suite 218
New York, NY 10024
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.

For Office Use Only

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

Begin Date ____ / ____ / ____ End Date ____ / ____ / ____