



THE UNIVERSITY of
MISSISSIPPI

DEPARTMENT OF PARKING & TRANSPORTATION

Bike Donation Form:
(PLEASE PRINT LEGIBLY)

Owners Name: _____

Date: _____

Owners Email: _____

Owners Address: _____

Owners Contact Phone: _____

Bike Information:

Bike Registration (if available) # _____ and Serial # _____

Bike Description:

Make: _____ Age: _____

Condition: _____

Any Need Repairs: _____

Release:

I _____, sole owner of the above describe bicycle wish to donate the bicycle to the University of Mississippi Rebel Pedals Rental Program with the understanding that the bicycle will be utilized as part of the rental fleet. In the event the bicycle is not in a usable condition and cannot be repaired, I understand the bicycle will be used for parts and/or disposed of in accordance with University Policy.

Owner's Signature

Bike Shop Representative