

BELLA

ELECTRIC BIKE/ELECTRIC SCOOTER REGISTRATION 2025

Name: _____

Unit number: _____

Electric Scooter description: (please provide color and brand name if applicable for each chair).

COLOR

BRAND

BATTERY SIZE

OTHER DETAILS:

SIGNATURE: _____

REGISTRATION DATE: _____

Full Time Resident _____

Part-Time Resident _____

Stored in Unit # _____