



# Repair Voucher Referral Form

## Repair Information

Applicant name: \_\_\_\_\_

What is the bicycle mainly used for? (e.g. recreation, transportation to work, ...)

\_\_\_\_\_

What are the current defects on the bicycle? What needs to be repaired?

\_\_\_\_\_

## Referral organization

Organization name: \_\_\_\_\_

Contact person name: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

The Newark Bike Project reserves the right to refuse any repairs or parts. Parts that are used in repairs must be selected by NBP volunteers. Bicycles are only repaired so that they are safe and roadworthy; no additional modifications or improvements to the bicycles can be covered by the repair voucher.

**Newark Bike Project, Inc.**

7 Elkton Road, Newark, DE 19711 – [www.newarkbikeproject.com](http://www.newarkbikeproject.com) – [info@newarkbikeproject.org](mailto:info@newarkbikeproject.org)

Open Shop Hours: Tuesday 6:00-9:00pm



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