

Bicycle Rack Request Form



Customer Information

Employee Student Visitor

Name _____

UK/BCTC ID number _____

Email Address _____

Bicycle Rack Information

Type of Request

- Provide bicycle parking in a location with no existing racks
- Increase bicycle parking in a location with existing racks
- Repair an existing rack
- Replace an existing rack with a new rack
- Remove an existing rack
- Relocate an existing rack

Location on Campus (brief description) _____

Please state the need or reason for your request. Supporting documentation and/or photos may be attached.

<i>For Office Use Only</i>	Date Received _____	By _____
Evaluation Period	_____	
Request Decision	_____	
Notes	_____	

