## Bicycle Rack Request Form



Customer Information			Employee	Student	Visitor	
Name		UK/BCTC ID numbe	er Email Addr	Email Address		
Bicycle Rack Information						
Type of Request  Provide bicycle parking in a Increase bicycle parking in Repair an existing rack Replace an existing rack with Remove an existing rack Relocate an existing rack	a location with e	_				
Location on Campus (brief description)						
Please state the need or reason for	or your request.	Supporting document	tation and/or photo	s may be attac	hed.	
					<del> </del>	
For Office Use Only Date Rece	eived		Ву			
Evaluation Period		_				
Request Decision						
Notes						