Bicycle Rack Request Form

Parking and Transportation Services

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.

_____

_____

_____

_____

_____

_____

_____

_____

_____

For Office Use Only Date Received _____ By _____

Evaluation Period _____

Request Decision _____

Notes _____

_____

_____

721 Press Avenue | Lexington, KY 40506-0571 | (859) 257-5757 | Fax (859) 323-1212 | UKBikes@lsv.uky.edu | www.uky.edu/pts | www.twitter.com/UKParking

Rev. September 2016