

Bike Rack Request Form

Please Print Clearly and Mail to above address or E-mail to :
JCPUBLICWORKS@JCNJ.ORG

First Name:		Last Name:	
Address:		Apt Number:	
City:	State:	Zip Code:	
Phone Number:		E-mail:	

Bike Rack Proposed Location:
Residential Address:
Business Address:
Cross Street:

If you are not the Property owner of proposed location. Please have property owner complete the Consent form Granting Permission for Bike Rack Installation.

Signature: _____

Date:

Created by: Gloriela.Dubner2015.04.28

Property Owner Consent Form Granting Permission For Bike Rack Installation

I, _____, hereby grant permission to the City of Jersey City, Department of Public Works (DPW) to
Install Bike Rack (s) at the following location:

I understand DPW would only install Bike Rack (s) at the requested location with owner's permission.

Owner's Signature: _____ Date: _____

Created by: Gloriela.Dubner2015.04.28