Print Form

DPA

DCS DIVISION OF CENTRAL SERVICES

First·Choice·for·Service

BICYCLE PARKING REQUEST

MANAGED BY THE DEPARTMENT OF PERSONNEL & ADMINISTRATION
DIVISION OF CENTRAL SERVICES / CAPITOL COMPLEX

PLEASE PRINT ALL INFORMATION IN INK

Name of Applicant _____

Applicant's Employer (Dept / Agency): _____

Applicant's Work Address: _____

Applicant's Phone #: _____ Fax #: _____

E-mail address _____

Brand / Type / Color / Registration (if available) of Bicycle:

The undersigned individual has been granted access to the Capitol Complex bicycle lockers, issued 1 key and agrees that the bike locker is for their individual use only. The locker is for bicycle usage only and is not to be used at any time for storage. The Capitol Complex reserves the right to inspect the lockers at any time. The undersigned will notify the Capitol Complex Parking Program of any changes in their employment status, (i.e. phone #, dept). Replacement cost for lost keys is **$25.00.**

Applicant's Signature: _____
Date of Application: _____
How many times per week will you use the locker:

DELIVER ORIGINAL COMPLETED FORM TO CAPITOL COMPLEX FACILITIES
1525 SHERMAN ST. SUITE B -15, DENVER, COLORADO 80203 - 303-866-4357

To be completed by Capitol Complex personnel:

Date Received _____ Bike Locker # _____