



Maintenance Services
City of Salinas
200 Lincoln Ave.
Salinas, California 93901
Phone: (831) 758-7241
Fax: (831) 758-7935

BICYCLE PROTECTION PROGRAM APPLICATION

This application is for property within the City of Salinas. For a County application, contact TAMC at 775-0903

GENERAL INFORMATION

Agency / Business Name: _____

Mailing Address: _____

Contact Person: _____ Phone: _____ Fax: _____

Nature of Business / Agency: _____

Number of Employees: _____

Location(s) of Locker/Rack: _____

BICYCLE PARKING

Briefly describe the need for bicycle parking and who is expected to use the facilities (e.g., employees, patrons, students). How many people per day, for how long each day, on average, will use the facilities?



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The use will be primarily: (check all that apply)

Weekday Weekend Daytime Nighttime

Please indicate the quantity of each:

Inverted "U" Racks - 3 spaces

Bicycle Locker with window - 2 spaces

Wave Rack - 7 spaces

Total _____

I certify that this is private property or, if leased, the owner has given permission to install bicycle racks/lockers at the location(s) above. Please submit letter of permission from owner or permit if this is public property.

Name and Title: _____

Signature: _____ **Date:** _____

Return this application as soon as possible to:

City of Salinas
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Salinas, CA 93901

Fax to: (831) 758-7935

Please call James Serrano or Hilda Garcia at (831) 758-7241 with any questions you may have regarding this application or the program.