



CityRacks Request Form

This form must be printed out. Type or print clearly. Mail or fax to:

New York City Department of Transportation
40 Worth Street, Room 1035
New York, NY 10013
Fax # (212) 442-7823



CityRacks Requester:

Your Name: _____
Your Address: _____ Apt#: _____
City: _____ State: _____ Zip Code: _____
Daytime Telephone Number: _____
Relation to Establishment: _____
(Owner, Customer, Manager, Employee, Student, etc.)

Proposed Bicycle Rack Location:

Name of Business or Establishment: _____
Street Address: _____
From (Cross Street): _____ To (Cross Street): _____
Borough: _____
Neighborhood: _____

Additional Information/Comments:

How did you hear of **CityRacks**?

[Click here](http://nyc.gov/html/misc/html/register.html) if you wish to obtain a voter registration form. Government services are not conditioned on being registered to vote. A voter registration form can also be obtained at <http://nyc.gov/html/misc/html/register.html>, or by calling (212) 868-3692.