



PARKING AUTHORITY OF BALTIMORE CITY
 200 West Lombard Street - Suite - B
 Baltimore, Maryland 21201
 (Telephone) 443-573-2800
 (Fax) 410-685-1557
 EMAIL: parkingauthority@baltimorecity.gov



BICYCLE PARKING APPLICATION

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ Zip Code: _____

EMAIL ADDRESS: _____

BICYCLE REGISTRATION: (REQUIRED)

SERIAL # _____
MAKE _____
MODEL _____
COLOR _____

***Please Note The Following Important Rules For Bicycle Parking:**

- All bicycles must be registered to use the bicycle area.
- You must park bicycle only in the assigned area.
- You must walk your bike while inside of the garage.
- Only one bicycle per application may be parked in the allocated garage at any given time.
- You must keep your bicycle at a safe distance from cars.
- Must **NOT** use the facility for long term bike storage.
- A \$25.00 charge will be assessed for replacement of an access card/key fob for any reason.
- Location manager and/or staff are not authorized to make or allow any exceptions to this agreement and operating regulations.
- The parker may terminate parking privileges by giving us notice in writing seven (7) business days before the final day of parking.
- Parking Authority reserves the right to terminate this agreement for any reason whatsoever, by giving thirty (30) days written notification.
- Assumes no responsibility for loss or damage of the bicycle or its contents, however caused.
- By signing below I release, hold harmless and agree to indemnify The Parking Authority of Baltimore City, and its elected officials, employees and agents, from and against any claim for injury to person or property related to my use of the garage.

SIGNATURE _____ DATE _____

The Parking Authority of Baltimore City hereby grants bicycle parking privileges to the applicant (Not Transferable) at the following location for the posted hours of operation.

PABC ADMINISTRATIVE USE:

Entry Date: _____ Effective Date: _____ Acct # _____ Access Card# _____

Garage Name: _____ Rate Code: _____ Amount Paid: _____ Check/MO# _____