

Neighborhood Bike Rack Program Application
City of Saint Paul Department of Public Works

LOCATION

Place name: _____

Address: _____

CONTACT INFORMATION

Name: _____

Address: _____

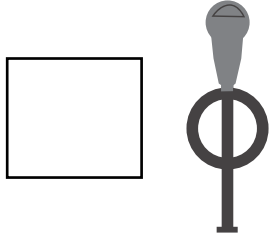
Phone number: _____

Email: _____

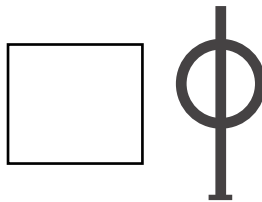
PROPOSED BIKE PARKING INFORMATION

Type of bike rack desired (choose from below):

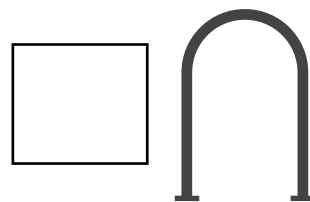
PARKING METER POST HITCH



POST HITCH



U RACK



Number of racks requested: _____

Please describe the desired location of rack(s):

Additional comments:

SUBMIT APPLICATIONS TO

Jimmy Shoemaker
800 City Hall Annex
25 West Fourth Street
Saint Paul, MN 55102
or email it to: jimmy.shoemaker@ci.stpaul.mn.us



SAINT PAUL
PUBLIC WORKS

For requirements of the program, visit stpaul.gov/bikeracks