



City of Hyattsville Bike Rack Grant Program APPLICATION

Name of Business: _____

Business Address: _____

Contact Person: _____

Business Phone (daytime): _____ Email: _____

Number of bicycle racks requested (please circle one): 1 Bike Rack 2 Bike Racks

Describe your interest in providing bicycle racks: _____

Describe existing bike parking on site (if applicable): _____

Is the applicant above the property owner? YES NO

(The City will work with successful applicants to find an appropriate location for the rack(s). If there is not adequate room in the public right-of-way, the rack(s) may be installed on private property with the property owner's permission.)

If no, who is the property owner? _____

(The applicant will need to be the liaison between the City and the property owner to get the property owner's permission if it is determined that the rack(s) must go on private property.)

If you have a location in mind for the rack(s), describe it here (and include a picture with your submission if possible):

If you have any questions about this application, please contact the Bicycle and Pedestrian Coordinator.

Send completed application to:

City of Hyattsville Bicycle Rack Grant Program
c/o Lillian Lamptey, Community Planner
4310 Gallatin Street, Hyattsville Maryland 20781
llamptey@hyattsville.org
301-985-5085

You will be notified if you qualify for the Hyattsville Bike Rack Grant Program once we receive your application.