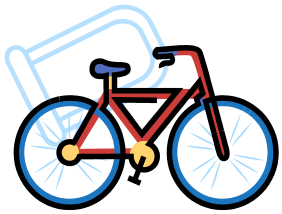
UNIVERSITY OF MARYLAND
PARKING & TRANSPORATION SERVICES

BICYCLE CAGE ACCESS APPLICATION



APPLICANT – PLEASE PRINT

NAME: _____
LAST **FIRST,** **MIDDLE**

HOME ADDRESS: _____
STREET **APT** **CITY** **STATE** **ZIP**

AFFILIATION: _____ **UM PHONE:** _____
FACULTY/STAFF/STUDENT

HOME PHONE: _____ **CELL PHONE:** _____

EMPLOYEE OR STUDENT ID NUMBER: _____

EMAIL ADDDRESS: _____

The University of Maryland assumes no responsibility for fire, theft, loss or damage to bicycles , bicycle accessories, or personal belongings stored in the Bicycle Cage. Use of the Bicycle Cage is at the user's sole risk and responsibility. There is a cash deposit of $10.00 for the access card required at the time of registration. A replacement fee of $10.00 will be assessed for a lost or stolen access card.

_____
Signature

FOR OFFICE USE ONLY

CARD#: _____ **DATE ASSIGNED:** _____

CUSTOMER ACCT. #_____ **AMOUNT PAID:** _____ **EXPIRATION DATE:** _____

CIRCLE ONE:

FACULTY: ***$25.00 Annually***

STUDENTS: ***FALL $10.00*** ***SPRING $10.00*** ***SUMMER $5.00*** ***ANNUALLY $25.00***