

OHIO RIVER TRAIL COUNCIL



Bicycle Parking Application

**Dr. Vincent Troia, President
Ohio River Trail Council
1100 Pennsylvania Ave.
Monaca, Pa 15061**

August 5, 2017



ORTC BIKE RACK REQUEST FORM

NAME OF APPLICANT _____

CONTACT _____
Email address Phone

BUSINESS NAME _____

Number Street Name City Zip

Email address Phone

RACKS

Number of racks desired Bike Corral

Please briefly describe the need for a bike rack or racks in your municipality or at your business:

PHOTO (Append a photo or photos showing the site where you would like the rack to be located)

GOOD NEIGHBOR AGREEMENT

Is your business adjacent to other businesses, institutions, or residences? If so, your request is more likely to be considered if you seek their agreement to bike rack installation. Print out the **GOOD NEIGHBOR AGREEMENT** and have your neighbors sign it; submit it along with this form.

Please submit your application by emailing it to Dr. Vincent Troia at drvtroia@ohiorivertrail.org or by submitting a hard copy to Ohio River Trail Council, 1100 Pennsylvania Ave, Monaca, PA 15061



ORTC GOOD NEIGHBOR AGREEMENT

My business is interested in submitting a request to the Borough, City, or Township of _____

to install a free bicycle rack(s) provided by the ORTC in the public right-of-way / in the privately owned space (circle one) in front of my business. Before making this request, I would like to notify you and seek your support. If you aware of and approve my bike rack request, please indicate this by signing this agreement.

NAME OF RACK APPLICANT _____

BUSINESS OF RACK APPLICANT _____

Number	Street Name	City	Zip
Email address		Phone	

NEIGHBORING BUSINESS OR INSTITUTION _____

Number	Street Name	City	Zip
Email address		Phone	

I, the proprietor of the neighboring business or institution _____, acknowledge my awareness of and support for this bike rack request.

Signature _____

Date _____



BIKE RACK CERTIFICATE OF AGREEMENT

By signing this statement, I grant the Borough, City, or Township of _____

an express license and public right-of-way to install bicycle racks on the property whose address is listed below. I authorize the rack(s) is to be utilized by the public. Furthermore, I acknowledge that the Borough, City, or Township of _____

is not responsible for injuries sustained by individuals using or accessing the bicycle racks on this property, either as a result of the condition of the property itself, or of negligent acts or omissions on my part.

I agree that the racks will remain the property of the Borough, City, or Township at all times, and the Borough, City, or Township may remove the rack(s) at any time, at the Borough, City, or Township discretion; should I at any time decide to have them removed, they must be returned to the Borough, City, or Township. The business and property owner, not the Borough, City, or Township, are responsible for maintaining the racks (keeping them clear of debris and accumulated snow) post-installation.

Finally, I acknowledge that my Bike Rack Request may be denied for any or all of the following reasons, at the Borough, City, or Township's discretion, in accordance with City policy: lack of observable need for a rack at the requested location; public racks cannot be installed on residential properties; nor is installation feasible where the ground surface is not concrete; where the sidewalk is too narrow; where there are obstructions such as fire hydrants, utility poles, mailboxes, and bus shelters, or where racks will impede pedestrian flow or conflict with vehicle traffic; or for any other reason consistent with Borough, City, or Township policies.

ADDRESS OF PROPERTY

Number	Street Name	Zip Code
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NAME OF PROPERTY OWNER

Number	Street Name	City	Zip
Email address		Phone	

Signature _____ Date _____

NAME OF BUSINESS OWNER

Number	Street Name	City	Zip
Email address		Phone	

Signature _____ Date _____