COUNTY OF SACRAMENTO
INTERNAL SERVICES AGENCY
DEPARTMENT OF GENERAL SERVICES

PARKING ENTERPRISE
725 7th STREET
SACRAMENTO, CA 95814

BICYCLE & SHOWER PRIVILEGE APPLICATION

Date:_____

Name:_____
(Last) (First)

Address:_____

Daytime Telephone Number:_____

Email Address:_____

ACCESS CARD	ACCESS CODE	FEE
Access Card Number:_____	_____ Shower (Locker # _____)	No charge
Deposit Date:_____	_____ Shower and Bicycle Cage	No charge
Receipt Number:_____	_____ Shower and Bicycle Locker (#_____)	$5 per month

*ADDITIONAL INFORMATION:

1.) There is a $20.00 refundable access card deposit required at sign up.
2.) There is a $20 replacement charge, if the access card is lost or stolen.
3.) Monthly fees are charged bi-annually and are due on January 1st and July 1st.
4.) This parking privilege is to be used solely by the person named above and is non-transferable.
5.) Please notify the Parking Enterprise at (916) 874-6227 of any changes to the above information.

Please do not leave your bicycle in the bicycle cages overnight or on the weekends.

I hold Sacramento County harmless for any loss resulting from the use of a county parking facility due to, but not limited to, fire, collision, theft, or otherwise, to the bicycle, or to it's attachments.

_____
(Signature)

FACILITY FEES

DATE	RECEIPT	EFFECTIVE TO	BY