

Cape Cod Commission Bicycle Rack Program: Order Proposal & Location Form

Applicant: _____

Date: _____

	<i>Site Location/Description</i>	<i>Proposed Installation</i>	<i>Cost*</i>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
		Total:	

*Reminder: Cost is for bicycle equipment only. Do not include any charges for shipping, taxes or installation