|  |  |
| --- | --- |
| Date: |       |
| Entity Name: |       |
| Mailing Address:(STREET / CITY / ZIP) |       |
| Representative Submitting the Request:(NAME / TITLE) |       |
| Email: |       |
| Individual Picking up the Bicycles:(NAME) |       |
| Email: |       |
| Number of Bicycles Requested:(MAXIMUM NUMBER IS 20) |       |
| Date Needed by:(BICYCLES ARE NOT GUARANTEEDTO BE AVAILABLE BY DATE NEEDED) |       |

Please include one of the following documents to prove your non-profit status:

1. Most current IRS 990 filing;

2. A statement from a state taxing body or the state attorney general certifying non-profit status.

If mailing this request form, include copies of supporting documents.

If emailing this request form, attach the supporting documents to the email (documents can be scanned and attached as a PDF).

|  |  |  |
| --- | --- | --- |
|  |  |       |
| SIGNATURE |  | DATE |

Property Room

211 S. Carroll St., Room GR-4

Madison, WI 53703

(608) 266-4955

pdproperty@cityofmadison.com