

## PHSA Request For Bike Cage Access

Please print. All fields are mandatory.

Last Name:	First Name:	Employee Number:
Title / Position:	Health Authority Employer: (PHC, FHA, PHC, PHSA)	
Department:	Facility Where Bike Cage Access is Requested:	
Email Address:	Home or Cell Number:	

### Terms and Conditions:

1. Provincial Health Services Authority assumes no responsibility for any loss or damage of any nature whatsoever to personal belongings, bicycles or bicycle accessories left in the bicycle cage.
2. The granting of bike cage access does not constitute or imply vehicular parking privileges.
3. Users are responsible for the security of their bicycle and associated equipment/accessories while in the bicycle cage. Users are advised to lock their bicycle to a bicycle rack while it is left in the bicycle cage and to remove all personal belongings and associated equipment and accessories.
4. Users are subject to the terms and conditions displayed on all signs in the bicycle cage.
5. Provincial Health Services Authority makes no representation that space is available in the bike cage at any given time.
6. Any person who willfully or negligently damages bicycles or associated equipment/accessories or personal property of another user, or property of Provincial Health Services Authority, within or surrounding the bicycle facility will face disciplinary action and/or loss of bike cage privileges.
7. Bike cage access is non-transferable. Loaning of your access card to another person may result in disciplinary action and/or loss of bike cage privileges.
8. To cancel access, users are required to notify PHSA Photo ID and Access Control.
9. Please report any occurrences or suspicious activity to Security immediately.

***By signing below, I have read and understood the terms and conditions of this Request for Bike Cage Access:***

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Upon completion and signing off of this form, the user should scan and email it to [photoid@phsa.ca](mailto:photoid@phsa.ca) or fax it to 604-875-3269.

### PHSA Photo ID Office Only

Date Request Received: _____	Date Access Issued: _____
Card #: _____	Processed By: _____

<b>Integrated Protection Services</b> Parking, Access & Commuter Services  Childrens & Womens Room AB100, 4500 Oak Street, Vancouver BC, V6H 3N1	PHSA Photo ID/Access Department  Telephone: 604-875-2000 ext 6687 Fax: 604-875-3269 Email: <a href="mailto:photoid@phsa.ca">photoid@phsa.ca</a>
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