



Montana Department of Transportation Bike on Roadway Warning Signs Checkout Form

Rail, Transit, & Planning
Bike/Ped Coordinator
406.444.9273

Name of Event

Type of Event

Date of Event

Event Route

Expect No. of Participants

Date of Checkout

Date of Return

Number of Signs Checked Out

Number of Cones Checked Out

Number of "Runners on Roadways" Velcro Layovers Checked Out

Web Site for Event (if possible)

Contact information for person responsible for checking out signs (please print):

Name (s)

Address (s)

City, State, Zip

Phone Number (s)

I, _____, agree to use care in transporting, assembly, and installation of "Bike on Roadway" signs and traffic cones. Other than natural wear and tear, I agree to reimburse the Department of Transportation \$100 per lost or damaged sign and \$50 per cone. In the instance of signs or cones being stolen, I agree to file a police report in lieu of paying for replacement.

Signature

Date