



# Micromobility Sharing System Application Form

Right of Way Management, City of Ottawa 100  
 Constellation Cres. Ottawa, Ontario K2G 6J8  
 Inquiries: micromobility@ottawa.ca

A. General Information	
Company name	Address
City, Province	Postal code
Applicant name	Title
Email	Phone number
Mobile number	Website
New Application or Fleet size increase application?	New application Fleet size increase application

B. Fleet Information	
Proposed initial fleet size:	
Fleet size increase requested:	
Proposed launch date (mm/dd/yyyy):	

C. Operations Information	
Local operations contact name	24-Hour, 7 days a week contact number
Mailing address	Email

**D. Declaration and Signature**

I \_\_\_\_\_ have read and understand the Micromobility Sharing Systems Application Framework and make an application on behalf of \_\_\_\_\_ to enter into an agreement to operate a Micromobility Sharing System in the City of Ottawa. I understand that the application fee is non-refundable and that the City reserves the right to reject any application at its sole discretion. I have the authority to bind the company identified in Part A of this application.

I acknowledge that this application shall not be assigned or transferred.

I further acknowledge that the City is subject to the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O 1990, c.M.56, as amended, ("MFIPPA"), and that information may be collected for the purpose of administering the Micromobility Sharing System and any information provided to the City in connection with the Micromobility Sharing System is subject to disclosure in accordance with the requirements of MFIPPA.

Signature

Date(mm/dd/yyyy)