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State of Nebraska
Administrative Services, State Building Division

Parking Cancellation Form

Attention State Employee:
If you wish to terminate your parking assignment due to leaving State employment, you must complete this Parking Cancellation Form to complete the employee exit process with your HR partner and ensure the return to SBD all parking related tags, cards, permits, etc. on or before your last day of parking in a state garage or lot.

If you wish to terminate your parking assignment and are continuing State employment, you must complete this Parking Cancellation Form to stop the payroll deduction and ensure all parking related tags, cards, permits, etc. are returned on or before your last day of parking in a state garage or lot.

Upon receipt of this fully executed form, it will be forwarded to your current agency, board or commission and will be retained in the parking records of the State Building Division.

Employee ID#: *
Employee Name: *
Agency Name: *
Permit No: *
Prox Card No: *
AVI Sticker No(s): *
Cancellation Date: *
Parking Facility: * CHOOSE PARKING FACILITY
Employee Phone #:
State Email:
*Required fields for processing a parking cancellation request.

Signature: Date: _____

By signing this form electronically, you authorize DAS/State Building Division to make the necessary security access changes associated with your State ID card or other parking tag, card, or permit; and for your current agency, board, or commission, to stop your payroll deduction for parking and to ENSURE THE RETURN OF PARKING TAGS, CARDS, OR PERMITS.

Email this form to: assbd.parking@nebraska.gov

Return the tag, card, or permit to:
AS/State Building Division
1526 K St, Suite 200

Or mail to:
PO Box 98940
Lincoln, NE 68509
Office: (402) 471-0492 OR (402) 471-3191

SBD Parking Program Use Only:

- ☐ HR Partner Notified Date _____
- ☐ Db Record Cancelled Date _____
- ☐ AVI Sticker Deactivated Date _____
- ☐ Prox Card Deactivated Date _____
- ☐ Hangtag/Prox Card Returned Date _____
- ☐ CONTACTS Email Address Deleted Date _____
- ☐ Scanned App Status Changed Date _____