



**Please return this form to:**

State Parking  
State Building Division  
1526 K Street, Suite 200  
Lincoln, NE 68508

## **Accessible Parking Request Form**

The State of Nebraska is committed to meeting its obligations pursuant to Section 504 of the Rehabilitation Act of 1973 as amended and the Americans with Disabilities Act of 1990 as amended.

Eligibility for accessible parking is based upon the applicant's current needs, which could be of a permanent or temporary nature. This may require a review of the applicant's current medical information.

**To be completed by the applicant (Please print):**

Agency Employed By: \_\_\_\_\_

Employee I am requesting an accessible parking permit for: \_\_\_\_\_

Employee ID#: \_\_\_\_\_

Email: \_\_\_\_\_

Please include a copy of the DMV handicap hangtag that was issued to you.

**Please provide a statement of your need for accessible parking:**

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

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