

MONTHLY PARKING AGREEMENT



AS/SBD Parking Services
1526 K Street Ste #200
Lincoln, NE 68508
(402) 471 - 3191

AS/SBD Parking Services
Omaha State Office Building
1313 Farnam St
Omaha, NE 68102
(402) 595 - 2115

OFFICE USE ONLY	
Date Assigned	_____
Facility/Stall	_____ / _____
Parking Fee:	_____
Service Date:	_____
Bi-Weekly:	_____ Monthly: _____
Carpool:	Y _____ N _____
Prox Card No.	_____ Fee: _____
Permit No.	_____ Fee: _____
1st AVI Sticker No.	_____ Fee: _____
2nd AVI Sticker No.	_____ Fee: _____
3 rd AVI Sticker No.	_____ Fee: _____
Total: _____	

Applicant Legal Name:
Agency No. and Name:
Office Address:
Employee email address:
AUTO 1: YR/Make/Model/Color:
AUTO 2: YR/Make/Model/Color:
Motorcycle: YR/Make/Model/Color:

Employee No:
Office Phone No.:
Driver's License (optional):
Service Date:
License Plate/State:
License Plate/State:
License Plate/State:

Upon our receipt of this form you will be offered parking in a garage/lot where space is available. You will be asked to decide at that time if you want the immediate parking space offered, or if you would like to wait for a spot in one of the garages/lots that you have marked on this form.

From the garages and lots listed below mark the top two (2) parking areas where you are most interested in obtaining parking. Then sign and scan the form to us assbd.parking@nebraska.gov.

- | | | | | |
|----------------|---|---|--------------|---|
| Lincoln | <input type="checkbox"/> 1502 East Garage | <input type="checkbox"/> 521 EB Lot | Omaha | <input type="checkbox"/> Omaha Park II |
| | <input type="checkbox"/> 1401 South Garage | <input type="checkbox"/> 1331 K St Garage | | <input type="checkbox"/> OSOB Lower Level |
| | <input type="checkbox"/> 703 S 16 th Lot A | <input type="checkbox"/> 1526 K Lot | | |
| | <input type="checkbox"/> 1645 D Lot | <input type="checkbox"/> 1731 K Lot | | |
| | <input type="checkbox"/> 1630 J Lot | <input type="checkbox"/> Executive Lot | | |

The use of any assigned parking facility shall be at the permit or card holder's risk. AS/SBD shall not be responsible for personal injuries or liability for loss resulting from fire, theft or damage to any vehicle or article left therein. Only license is granted hereby and no bailment is created.

I hereby warrant that the above information is true and, upon assignment at a parking facility or lot, authorize the required fee be deducted from my earnings each month. I am responsible for such fee(s) until said parking privileges are terminated or State employment ends.

I have read and understand the parking policy, including how to terminate my parking assignment and the process to stop payroll deductions.

Signature: _____ Date: _____