

State of Nebraska  
 Administrative Services, State Building Division  
**MONTHLY PARKING AGREEMENT**



Parking Services  
 521 S 14<sup>th</sup> St, Suite 500  
 Lincoln, NE 68508  
 (402) 471 - 0492

State Building Division  
 1313 Farnam St  
 Omaha State Office Building  
 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 <sup>rd</sup> 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:

\*\*\*\*For either, Lincoln or Omaha, mark the top two (2) parking areas where you are most interested in obtaining parking.

- |                |                                       |  |              |   |
|----------------|---------------------------------------|--|--------------|---|
| <b>Lincoln</b> | <input type="checkbox"/> East Garage  | <input type="checkbox"/> Exec. Bldg. Lot | <b>Omaha</b> | <input type="checkbox"/> Omaha Park II    |
|                | <input type="checkbox"/> South Garage | <input type="checkbox"/> 501 Garage      |              | <input type="checkbox"/> OSOB Lower Level |
|                | <input type="checkbox"/> Lot A        | <input type="checkbox"/> 1526 Lot        |              |   |
|                | <input type="checkbox"/> Lot D        | <input type="checkbox"/> 1731 Lot        |              |   |
|                | <input type="checkbox"/> Lot J        | <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: \_\_\_\_\_

**Print this form, sign and date legibly, then deliver the original to Parking Services, State Building Division.**