



Accessible Parking Request Form

**Please return this form to: STATE OF NEBRASKA
AS/SBD PARKING SERVICES
1526 K STREET, SUITE 200
LINCOLN, NE 68508
402-471-3191**

**AS/SBD PARKING SERVICES
OMAHA STATE OFFICE BUILDING
1313 FARNAM STREET
OMAHA, NE 68102
402-595-2115**

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):

Employed by Agency: _____

Employee requesting an accessible parking permit for: _____

Employee ID#: _____

Email: _____

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

Please provide a statement of your need for accessible parking:

Signature _____

Date: _____