



# Accessible Parking Request Form

**Please return this form to: STATE OF NEBRASKA  
AS/SBD PARKING SERVICES  
1526 K STREET, SUITE 160  
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:** \_\_\_\_\_