

## BICYCLE PARKING AGREEMENT

STATE OF NEBRASKA  
AS/SBD PARKING SERVICES  
1526 K STREET, SUITE 160  
LINCOLN, NE 68508  
402-471-3191

OFFICE USE ONLY	
DATE ASSIGNED:	_____
FACILITY:	<u>1526 K STREET – BIKE ROOM</u>
LINE ASSIGNMENT ON LIST:	_____
NSP CAPITOL SECURITY ACCESS:	_____

Applicant's Legal Name: \_\_\_\_\_  
 Agency Name & Number: \_\_\_\_\_  
 Office Address: \_\_\_\_\_  
 Employee Email Address: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_  
 Office Phone Number: \_\_\_\_\_

### BICYCLE INFORMATION

	Bike Number 1	Bike Number 2	Bike Number 3
Make:	_____	_____	_____
Model:	_____	_____	_____
Color:	_____	_____	_____

### BIKE PARKING AGREEMENT

There are no assigned spots! All the bike racks are first come, first serve and there are no “gentlemen’s agreements”. This is not a bike storage area. If for some reason your bike needs to remain in the Bike room overnight or over the weekend, you must notify Capitol Security, 402-471-2400 or Parking Services, 402-471-0492. This room is a secured area with cameras located outside the door for monitoring individuals utilizing the Bike room and the lot. **Note: The State is not responsible for lost or stolen items from the Bike room.**

There is no fee for parking in the Bike room. We ask that you respect your fellow parkers and keep the Bike room clean at all times. If you accidentally create a mess, we ask that you take care of it immediately. There will be no trash left in the Bike room (to avoid bugs and critters making themselves at home). This is not a changing room. We ask that you check the door when leaving to make sure it’s secure as it’s on a secured lock system. Please close the door, wait for it to latch and if there are any issues with the door, please report them to Parking Services: 402-471-0492 or Maintenance: 402-471-0412.

Should you decide you no longer wish to utilize the Bike room, we ask that you notify our office immediately to give others the opportunity to access the Bike room.

**I have read and understand the Bike parking agreement, and will contact Parking Services when cancelling my access. Capitol Security must be notified immediately.**

\_\_\_\_\_  
Employee’s Signature

\_\_\_\_\_  
Date