



DEPT. OF ADMINISTRATIVE SERVICES
State Building Division

CARPOOL REGISTRATION AGREEMENT

STATE OF NEBRASKA
AS/SBD PARKING SERVICES
1526 K STREET, SUITE 160
LINCOLN, NE 68508
402-471-3191 & 402-471-0492

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

OFFICE USE ONLY	
DATE ASSIGNED: _____	FACILITY: _____
ASSIGN ID: _____	PARKING FEE PER MONTH: _____
CONTINUOUS YEARS OF SERVICE: _____	
PAID BI-WEEKLY: _____	PAID MONTHLY: _____
CARPOOL Y/N: _____	PERMIT/HANG-TAG: _____
PROX CARD NUMBER: _____	FEE: _____
AVI STICKER 1: _____	FEE: _____
AVI STICKER 2: _____	FEE: _____
AVI STICKER 3: _____	FEE: _____
RECEIVED & LOGGED <input type="checkbox"/>	TOTAL: _____

Assigned Applicant's Legal Name: _____
Agency Name & Number: _____
Office Address: _____
Employee Email Address: _____

Employee ID Number: _____
Office Phone Number: _____
Driver's License (optional): _____
Continuous Service Date: _____

Carpool Member(s):

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

Employee ID Number: _____
Office Phone Number: _____
Driver's License (optional): _____

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

Employee ID Number: _____
Office Phone Number: _____
Driver's License (optional): _____

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

Employee ID Number: _____
Office Phone Number: _____
Driver's License (optional): _____

The use of any assigned parking facility shall be at the carpool permit holder and additional carpool member's risk 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.

Employee's Signature

Date