Appendix I



State Building Division

VISITOR PARKING REQUEST FORM

STATE OF NEBRASKA AS/SBD PARKING SERVICES 1526 K STREET, SUITE 160 LINCOLN, NE 68508 402-471-3191 STATE OF NEBRASKA AS/SBD PARKING SERVICES 1313 FARNAM STREET OMAHA, NE 68102 402-595-2115

PLEASE COMPLETE THE REQUIRED INFORMATION FOR OBTAINING A VISITOR PARKING PIN NUMBER.

FEE: \$5 PER DAY, PER VEHICLE – For multiple visitors vehicles, submit a separate list for each visitor.

EVENT:	DATE(S):	Тіме:
AGENCY AND BILLING INFORMATION (BUSINESS UNIT):		

Parking will not be permitted without the proper billing/payment information to access State parking facilities.

VISITOR'S CONTACT INFORMATION:

Include Employee ID Number if state employee.

Requestor Name:	Employee ID Number:
Agency Name & Number:	Office Phone Number:
Office Address:	Email Address:

If approved, AS/SBD will assign each individual a Temporary Visitor Parking PIN and garage/lot assignment.

VEHICLE INFORMATION				
	Vehicle Information	on for One	Multiple Vehicles	Multiple Vehicles
Make:				
Model:				
Year:				
Color:				
VISITOR PARKING LOCATI	IONS:			
LINC	COLN GARAGES/L	01		OMAHA GARAGE
□1501 M Street (East Garage -	- 15 Visitors Stalls	\Box 703 S 16 th S	Street – A Lot 5 Visitors Stalls	□ Omaha Park II – 1313 Harney Street
The use of any assigned parking fa	acility shall be at the	Visitor's risk.	AS/SBD shall not be responsible	e 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 billed to the appropriate agency at the end of each month.

Requestor's Signature