

Agency Parking Contract

Please Type or Print Legibly

AGENCY INFORMATION:

Agency AND Department/Section _____ Agency Number _____

Agency Address – Building, Street, Floor, Room Number _____

Year _____ Make _____ Model _____ County _____ Tag Number _____

Year _____ Make _____ Model _____ County _____ Tag Number _____

Type of Custom or Special license plate (i.e. Veteran, Military, Personalized, University, Disability, Firefighter, Shriners, etc.): _____

AGENCY CONTACT PERSON:

Last Name _____ First Name _____ Initial _____

Agency Address – Building, Street, Floor, Room Number _____

Work Email Address _____

Work Telephone Number _____

REPORT ANY CHANGES TO PARKING ADMINISTRATION

Rules & Regulations

As a condition for the issuance of a parking permit, I understand that the rules and regulations to parking, K.A.R. 1-45-18 through 1-45-24, are considered a part of this agreement and may be lawfully amended or revoked. I agree to abide by and to observe all applicable rules and regulations.

Payment & Termination Terms

This authorization shall continue in effect until written or electronic notice is given to terminate the Parking Contract due to agency cancellation; parking violations or non-renewal of permit. I understand that it is my responsibility, as the permit holder, to return the hangtag or access card to Parking Administration upon the termination of the contract.

D/A, Parking Administration, Authorized Signature

Signature of Agency Contact

Date

Date

Parking Administration Use Only

T2 _____

Permit Number _____

Agency Parking Fee _____

DEPARTMENT OF ADMINISTRATION
Parking Administration
785-296-5191
FAX No. 785-296-3456
DFM-P-912 (Rev 10/11)

Agency Parking Contract

Key Card No. _____

Designated Stall No. _____