

**Topeka Surface Contract**

**Please Type or Print Legibly**

\_\_\_\_\_  
 Last Name                                      First Name                                      Initial                                      Employee ID

\_\_\_\_\_  
 Agency **AND** Department/Section                                      Agency Number

\_\_\_\_\_  
 Agency Address – Building, Street, Floor, Room Number

\_\_\_\_\_  
 Work Email Address

\_\_\_\_\_  
 Work Telephone Number                                      Home Telephone Number                                      Cell Phone Number

\_\_\_\_\_  
 Year                      Make                      Model                      County                      Tag Number

\_\_\_\_\_  
 Year                      Make                      Model                      County                      Tag 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.):  
 \_\_\_\_\_

**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 employee cancellation; parking violations or non-renewal of permit. I understand that it is my responsibility, as the permit holder, to return my hangtag or access card to Parking Administration upon the termination of the contract.

\_\_\_\_\_  
 D/A, Parking Administration, Authorized Signature                                      Signature of Applicant

\_\_\_\_\_  
 Date                                      Date

**Parking Administration Use Only**

T2 \_\_\_\_\_ Designated Stall No. \_\_\_\_\_

SHaRP \_\_\_\_\_ eff. \_\_\_\_\_

Parking Codes \_\_\_\_\_ Permit Number \_\_\_\_\_