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**

Payment & Termination Terms

Payment will be made in advance by a bi-weekly payroll deduction from my earnings for the amount indicated on the website (<https://admin.ks.gov/offices/facilities-property-management/parking>). This authorization shall continue in effect until written Cancellation Notice is received to terminate the Parking Contract. Key card access to the Curtis Parking Garage will then be deactivated.

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

Date Date

**Parking Administration Use Only**

T2 CG Access

SHaRP eff.

Parking Code Stall Number