



Parking Garage Access Card Application

Last Name: _____ First Name: _____

Billing Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Phone (Primary) _____ Phone (Cell) _____

Email (Please print) _____

Auto Information: Make _____ Model _____ Color _____ License _____

- I have received and read a copy of **Parking Garage Rules and Regulations** and agree to abide by the terms. I understand that allowing other cars to enter or exit by using my card or by tailgating may cause the card to be deactivated, and could result in parking privileges being revoked. ***There is a \$10 fee for replacement or reactivation of a card.***
- For more information, please contact: Lexington Public Library, 140 E. Main Street, Lexington, KY, 40507-1376, (859)235-5504, Fax (859)231-5598.

Signature

Date

For LPL administrative purposes only:

| | |
|---|--|
| CARD # (last 4 digits): | <input type="checkbox"/> Replacement card Old Card #: |
| Beginning Date: | Date card returned: |
| Card Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Other: _____ <input type="checkbox"/> Temporary <input type="checkbox"/> Reactivation _____ | |