



Lexington Public Library

140 E. Main Street • Lexington • KY • 40507-1376
(859) 231-5515 • FAX (859) 231-5558

Parking Garage Access Card Application

Last Name: _____ First Name: _____

Park Plaza resident? Yes____ No____ If yes, Park Plaza Apartment # _____

If No, or you wish a different billing address:

Company Name _____ Contact _____

Billing Address: _____ Apt. # _____

City: _____ State ____ Zip _____ Email _____

Phone (cell) _____ (home) _____ (work) _____

Auto Information: Make _____ Model _____ Color ____ License _____

Monthly billing is \$65 per month, due by the 15th of the month.

Reserved Parking Spaces are available for an additional \$20 per month. Reserved _____

- I have received and read a copy of **Parking Garage Rules and Regulations** and agree to abide by the terms. I understand that "One Card = One Space" and that allowing other cars to enter or exit by using my card or by tailgating will cause the card to be deactivated, and could result in parking privileges being revoked. There is a \$10 fee for a replacement card.

Signature

Date

NEW CARD # (last 3 digits)	Payment with application:
Beginning Date:	