



Lexington Public Library

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

Temporary Parking Garage Access Card Application

Last Name: _____ First Name: _____

Address: _____ Apt. # _____

City: _____ State _____ Zip _____ Email _____

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

Auto Information: Make _____ Model _____ Color _____ License _____

Dates for Pass: From _____ Through _____

Temporary pass Rates

Weekly - \$20 per week

Monthly - \$65 per month

\$10 access card deposit - refundable when card is returned

- 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 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

CARD # (last 3 digits)	Date On:	Date off:
Payment & type:	Card turned off (date & initials):	