



Parking Garage Access Card Application

Last Name: _____ First Name: _____

Mailing Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Primary phone: _____ Email: _____

Auto Information: Make _____ Model _____ Color _____ License _____

Driver License Information: State Issued _____ Number _____ Exp. Date _____

Monthly billing is \$80.00/month + tax, due by the 15th of the month.

I have received and read a copy of Parking Garage Rules and Regulations and agree to abide by the terms.

Robert Serrate

Signature of LPL Representative

1/19/23

Date

Signature of Applicant

Date

For Administrative Purposes only:

New Card # (last 4 digits) _____	If replacement, card # to deactivate: _____
Beginning Date: ____ / ____ / ____	Date card returned: ____ / ____ / ____

For more information, contact:

Lexington Public Library, 140 E. Main Street, Lexington, KY 40507-1376, (859) 231-5504

parkinggarageinformation@lexpublib.org