



Serving downtown State Government since 1957

Transaction Number:					
<input type="checkbox"/> Space Assignment		<input type="checkbox"/> Lease Termination		<input type="checkbox"/> Transfer: From - Lot / Space Number: /	
Last Name:			First Name:		Middle Initial:
Lot No	Space No.	Department No.	Social Security # / /	BEACON ID #	First/Last Lease Date
Work Address:				Email:	
Home Address:					Office Phone:
City :			State:		Zip Code:
Vehicle 1:			Make / Model:		License Plate:
Vehicle 2:			Make / Model:		License Plate:
Coordinator Comments			Department Coordinator		Date
Payment Code <input type="checkbox"/> 1. Payroll Deduction <input type="checkbox"/> 2. Individual Cash / Check <input type="checkbox"/> 2. State Check			COPY FOR <input type="checkbox"/> State Parking Systems Division <input type="checkbox"/> Department Payroll Coordinator <input type="checkbox"/> Department File <i>(please check one)</i>		
Amount Received \$					
			Type <input type="checkbox"/> Cash <input type="checkbox"/> Check		
By accepting this parking assignment, I agree to the following:					
<ol style="list-style-type: none"> 1. Authorizations of payroll deductions for my parking assignment may be made and credited to my account with the State Parking Division. 2. Deductions will continue and be adjusted for space and fee changes until such a time as I notify my payroll and parking coordinators that I no longer require a parking assignment. 3. I agree to be responsible for all fees associated with my parking assignment until the time I terminate this agreement. 4. I will abide by the rules and regulations of the State Parking Division. 					
Employee Signature _____					Date _____
				Amount of Monthly Deduction \$ _____	
				First Month for Deduction _____	

DOA-SBD-PP-115 REV. 11/08

Mailing Address:
1334 Mail Service Center
Raleigh, N.C. 27699-1334

Fax (919) 807-2316
www.doa.state.nc.us/parking/

An Equal Opportunity/Affirmative Action Employer

Location:
116 West Jones Street
Raleigh, North Carolina