CITY OF TOPEKA

PUBLIC WORKS, Facility Administration Section
620 SE Madison, 1st Floor Unit 10
Topeka, KS 66603
www.topeka.org

Evelyn Thomas, Parking Manager
Tel: (785) 368-3916
Fax: (785) 368-3190

I hereby apply to the City of Topeka for parking privileges. I agree to abide by all City laws, ordinances, rules and regulations. I understand that failure to follow these rules may result in termination of the parking privileges. By signing, I acknowledge receipt of this policy and have read and understand the provisions.

APPLICATION FOR EMPLOYEE HANG TAG PARKING PERMIT

_____ _____ _____
Applicant Name **Phone #** **Date of Application**

_____ _____ _____
Department/Division **Section (if applicable)** **Type of Hang Tag Request**

_____ _____
Vehicle Description **Vehicle License Number**

_____ _____
Vehicle Description **Vehicle License Number**

(Please list description and license number of all vehicles to be used)

_____
Justification for Hang Tag (required)

_____ _____
Signature of Applicant **Date of Application**

_____ _____
Signature of Department Head (if applicable) **Date**

For Parking Office Use:
Tag Number: _____ Returned: _____ Reassigned: _____

- ❑ Black Hang Tag – Central Business District
- ❑ Orange HangTag – City Council
- ❑ Dark Green - Executive
- ❑ Green Hang Tag – C.K. Holliday Lot
- ❑ Blue Hang Tag – Monroe Lot
- ❑ Yellow Hang Tag – Special Event