



# APPLICATION FOR DISABLED PARKING SIGNS 993^ PLEASE READ THE FOLLOWING CAREFULLY BEFORE COMPLETING THE FORM

An application will not be considered complete unless:

All lines of the application have been completed in full;

A check or money order for \$70.00 made payable to the City of Chicago is submitted as payment of the application fee;

Please note: The application fee shall be waived for any person holding a valid, current disabled veterans pass. \*

Disability must be permanent as evidenced by a copy of your valid disabled placard and/or current vehicle registration submitted at the time of application: Proof of residency in the form of a copy of your driver's license, state identification, or utility bills submitted at the time of application.

Completed application forms may be returned to: the office of your alderman, any City of Chicago Department of Finance facility, or via mail at P.O. Box 603100, Chicago, IL 60680-310G, ATTN: Disabled Permitting Section. A \$25.00 maintenance fee will be billed to you annually. Should you have questions or concerns, please call our permit processing staff at 312-744-PARK (7275).

1. Date of Birth \_\_\_\_\_ 2. License Plate Number \_\_\_\_\_ 3. License Type \_\_\_\_\_

4. Applicant Last Name \_\_\_\_\_

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5. Home Address (primary residence)

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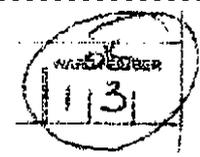
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6. Do you own or rent?  RENT  OWN  OTHER

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7. Address where signs will be posted \_\_\_\_\_

8. Home Phone Number \_\_\_\_\_



9. Current Permanent Disabled Placard Number \_\_\_\_\_ Registered to \_\_\_\_\_

**JB-ELJHLDJzrZ** \_\_\_\_\_ **jjj^JJEj^a^**

10. Current Address of Vehicle Registered to \_\_\_\_\_ City/Street \_\_\_\_\_

Rights of Ownership \_\_\_\_\_

Applicant's \_\_\_\_\_

11. Does the applicant own or reside at the address of the applicant?  YES  NO

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12. Provide a Descriptor of Medical Condition and Disability \_\_\_\_\_

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13. Please note your application may be denied if you do not have access to a driveway, available at your primary residence \_\_\_\_\_

14. If you answered "yes" to question 13, please describe the alternate parking available: \_\_\_\_\_

15. If alternate parking is available, what are you unable to access in the space? \_\_\_\_\_

16.00 VOL IWE ASASSDIC (JAVICEA? QWFES Q NO Sf yes. w\*w<J iype do y>u use? . .! i <

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17. Are you able to use a wheelchair?  YES  NO \_\_\_\_\_

18. Signature \_\_\_\_\_

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FOR OFFICE USE  
ONLY

PLACARD/PLATE  
RESIDENCY

**DEPARTMENT OF FINANCE CITY**

OF CHICAGO

May 16, 2013

ALDERMAN MARTY QUINN  
WARD 13  
6500 S PULASKI RD.  
CHICAGO, IL 60629

Dear ALDERMAN QUINN:

The Department of Finance received a request for disabled parking signs to be posted in your ward. The application has been reviewed and a survey of the location has been conducted. The Department cannot recommend the application.

Provided is the name and address of the applicant, the proposed location of the signs, and the Department's reason for not recommending the application.

Applicant's Name: FERNANDEZ JUAN

Applicant's Address: 3943 W 56TH ST

Reason Not-Recommended: ALTERNATIVE ACCESSIBLE PARKING  
Explanation: GARAGE AT LOCATION

Appeals must be filed within ten (10) days. Appeal requests must be made in writing and state reasons to support a request for a review. Appeals may be directed to the Mayor's Office for People with Disabilities (MOPD), Disabled Parking Signs Appeal, City Hall, Room 104, 121 N. LaSalle St., Chicago, IL 60602. A decision regarding an appeal will be made within thirty (30) days of the request. Applicants are notified by mail of the final decision.

Should you have any questions or require additional information, please contact our office at (312) 747-0114.

Very truly yours, -



cc: Mayor's Office for People with Disabilities  
Anthony Gambino Director of  
Administration II

S3 NORTH LASALLE STREET, SUITE 600. CHICAGO, ILLINOIS 60602

**DEPARTMENT OF FINANCE**

**CITY OF CHICAGO**

May 16, 2013

FERNANDEZ JUAN  
3943 W 56TH ST  
CHICAGO, IL 60629

Dear Applicant:

The Department of Revenue received your request for disabled parking signs. The application was reviewed and a survey of the location was conducted. The Department cannot recommend the application.

The Department's reason for not recommending the application is:

Reason Not-Recommended: ALTERNATIVE ACCESSIBLE PARKING  
Explanation: GARAGE AT LOCATION

Appeals must be filed within ten (10) days. Appeal requests must be made in writing and state reasons to support a request for a review. Appeals may be directed to the Mayor's Office for People with Disabilities (MOPD), Disabled Parking Signs Appeal, City Hall, Room 104, 121 N. LaSalle St., Chicago, IL 60602. A decision regarding an appeal will be made within thirty (30) days of the request. Applicants are notified by mail of the final decision.

Should you have any questions or require additional information, please contact us at (312) 747-0114.

Very truly yours, .



Anthony Gambino  
Director of Administration II

33 NORTH LASALLE STREET, SUITE 600, CHICAGO, ILLINOIS 60602