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Applicant Last Name

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2. State Identification NumDcr -nr Drivers License Number

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MI

5. Home Add'ess (primary residence)
STREET NUMBER UIHI S>MEE'N*.f.

151/1 fl UI T9i7ITIf/i

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.a.lJ..._.L...i.

First Name

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JM

6 Address where signs will be posted

S^iifT IUvii

7. Prtone Numbers

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Home : Business

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8 Curront Pernanont Disabled Placard Number

9. Current License Plate Numoor

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I Bogisioered to ' City Sticker No.

.Acs, **

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Relationship ',0 Apt)>r,m]

10.Description of Medical Condition and Disability

Alternative Parting: Please note your apodcalion may be denied ii you havo alternative accessible oil sireot parking oi>ik>"s

11.1s more oil-st'ijot parking available at youi primary residence (i.e.. garage, ear port, driveway, etc.)?

12 II you answered Yes to question 11. please describe JGarage: J Driveway: J Car Pon:

13 Is your oH-stroel parking accessible? , 3 Yes; jNo Please explain: jtJ^ ft

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ation is true and correct. II (he City of C

14 Affirmation: I hereby affirm thai lhe above information is true and correct. II the City of Chicago Department of Revenue deicrnn'cs lhal the applicant has falsely represented one or more of lhe above conditions, the applicant shall bo subject lo a line ol not less i/.ar \$100 bui no more than \$500. and lhe application shall be denied. I also understand that it l\$ my responsibility to noniy ihe Decafalmeoi of Revenue of any changasjn the information provided

Signature

Date

qJ^LACARD/PLATE

J COMPLETE

FOR OFFICE USE ONLY

ESIDENCY

ec. 29. 20 1 0 2:24PM

City of Chicago Richard M. Dale, Mayor

Department of Revenue

Bea Reyna-Hickey Director

City Hall, Room 107A 121 North LaSalla Street Chicago, Illinois 60602-1288 (312) 747-4747 (IRIS) (312) 744-0471 (FAX) (312) 744-2975 (TTY)

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Jo. 8653^ P. 4 /

December 7, 2010

ALDERMAN HOWARD BROOKINS JR.
WARD 21
9612 S HALSTED
CHICAGO, IL 60628

Dear ALDERMAN BROOKINS JR.:

The Department of Revenue 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: ODESSA MALLETT Applicant's Address: 518 W 97TH STREET

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 312.742.7434.

Very truly yours,

Anthony Gambino, Manager of Parking

cc: Mayor's Office for People with Disabilities

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