



Office of the City Clerk

City Hall
121 N. LaSalle St.
Room 107
Chicago, IL 60602
www.chicityclerk.com

Legislation Details (With Text)

File #: O2011-789
Type: Ordinance **Status:** Passed
File created: 2/9/2011 **In control:** City Council
Final action: 3/9/2011

Title: Handicapped Parking Permit No. 77033
Sponsors: Laurino, Margaret
Indexes: Handicapped
Attachments: 1. O2011-789.pdf

Date	Ver.	Action By	Action	Result
3/9/2011	1	City Council	Passed	Pass
3/8/2011	1	Committee on Traffic Control and Safety	Recommended to Pass	Pass
2/9/2011	1	City Council	Referred	

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City of Chicago Ricluni M. Daley, Mayor
January 3, 2011
 Department of Revenue
 Bea Keyita-Hickey Director
 MINDA A BANCOLITA 4829 N KILPATRICK AVE CHICAGO. IL 60630
 City Hall, Room 107A 121 North LaSalle Street
 Chicago, Illinois 60602-1288

Dear Applicant.

(312) 7474747 (IRIS) (312) 744-0471 (FAX) (312) 744-2975 (TTY)

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.

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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) 742-7434.

Very truly yours,

Anthony Gambino Manager of Parking

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

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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 ptate. 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 tie form of a copy of your drivers license, state identification, or utility bills are submitted at the time of application. Completed application forms may be returned to: the office of your alderman, any City of Chicago Department of Revenue facility, or via mail at P.O. Box 803100, Chicago. IL 60680-3100, ATTN: Disabled Permitting Section. A \$25.00 maintenance fee will be billed to you annually. Should you have questions or concerns, please call our parrnil processing division at 312-744-PARK (7275).

1. Data of Birth MO _ DAY _ YEAR MI I 3 I 2. State Identification Number fte\H\3. Drivers License Number 1 1 1

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4. Applicant Last Name ~ | MI MMtiloldIMiITIM 1 II 1 First Name tohM-ji

5. Home Address (primary residence) STREET NUMBS* ■ 1 OIFV | STREET NAME

6. Address whera signs will be posted STREET MUWBEH I OIB. | STREET NAME f lfc WARD NUMBER c-1 VI 1 1 1 1 1

7. Phona Numbers Home n 13 TOIZ 1ST I P Business . 1 I T 1 I T I II

8. Current Permanent Disabled Placard Number Registered to Relationship Applicant

9. Current Licensa Ptate Number Registered to City Sticker No. Relationship

10. Description of Medical Condition and Disability

Alternative Perking: Please note your application may be denied II you have alternative accessible off-strest parking options.

11.1s there off-street parking available at your primary residence □ YES Q NO (i.e., garage, carport, driveway, etc.)?

12. If you answered Yes to question 11, please describe: I'J Garage; □ Driveway; □ Car Port: O Oilier:

13. Is your off-sireet pailiing accessible? Q Yes; Q No. Please explain:

14. Affirmation: I hereby allirm that the above information is true and correct. If the City of Chicago Department of Revenue determines that Iho applicant has falsely represented one or more of the above conditions, the applicant shall be subject to a line of not less than \$100 but no more than \$500, and the application shall be denied. I also understand that it is my responsibility to notify the Department of Revenue of any changes in the information provided.

Signature H.,hdO~A' I5~-p7 It +0

Date // " tis^m-efO

FOR OFFICE USE ONLY □ FEE □ PLACARD/PLATE □ RESIDENCY □ COMPLETE

Disabled Parking Application Payment Stub'. Please make check or money order payable to the City of Chicago or when paying with a credit card, please fill in the following information.

IMS MYMEUT WILL NOT BE PROCESSED IF HOT SIGNED

Card No. S 6 6 / 0 5 9 6. < 9- Date / 0 - / / #

Signature: By signing Iwr ■ ngree in ihe term* ami condition! nf thl* noltat

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70.00 PAYMENT AMOUNT ENCLOSED to ueuriE morel credit please beiubn tkii srui with mm pavhent OOQQD0?7D33?OQ0" 1