



Office of the City Clerk

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

Legislation Details (With Text)

File #: O2011-38
Type: Ordinance
File created: 1/13/2011
Status: Passed
In control: City Council
Final action: 2/9/2011
Title: Handicapped Parking Permit No. 76327
Sponsors: Brookins, Jr., Howard
Indexes: Handicapped
Attachments:

Date	Ver.	Action By	Action	Result
2/9/2011	1	City Council		
1/13/2011	1	City Council	Referred	

MEMORANDUM FOR TRAFFIC REGULATIONS OVERRIDE PROHIBITION AGAINST PARKING (Except for the Handicapped;

Street, etc: West 97th Street
Location, etc: No. 518 (Permit No. 76327)

Distance or extent: ■ ■

Hours; at all times

Days: no exceptions

(Odessa Mallett)

LIMITATION OF PARKING PRIVILEGES:

Street, etc. _____

Location (or limits): _____

Distance or extent: _____,

Time limit: . . ■ .. . ■ ■ .. _____

Hours: ____ . ■ ■ ____

Days: ____ --

HOWARD BJBROOKTWS, JR. f Alderman, 21st Ward '

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8653

P. 5 76327

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

An application will not be considered complete unless:

- All lines on 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 plate;
- Disability must be permanent as evidenced by a copy of your valid disabled placard and/or current vehicle legislation submitted at the time of application.

Proof of residency, in the 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 60680-3.00. 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 division -n 312-744-PARK (7275)

1. Date of Birth

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Applicant Last Name

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2. State Identification NumDcr -nr Drivers License Number

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5. Home Add'ess (primary residence)

.STREET NUMBER UIHI S>MEE'N«f.

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First Name

_L. i..... J,

JM

6 Address where signs will be posted

S'ritf IUUVil

7. Prtone Numbers

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Home : Business

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8 Curront Pernnanont Disabled Placard Number

9. Current License Plate Numoor

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.Acs, **

Relationship to A;;(i)ica:'

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Relationship '0 Apt)l>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'iot 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

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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 ihe 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 1\$ my responsibility to noniy ihe Decaflmeoi ol 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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