

## Legislation Details (With Text)

File #:	O20	11-885			
Туре:	Ordi	nance	Status:	Passed	
File created:	2/9/2	2011	In control:	City Council	
			Final action:	3/9/2011	
Title:	Handicapped Parking Permit No. 78027				
Sponsors:	Rice, John				
	Handicapped				
Indexes:	Han	dicapped			
Indexes: Attachments:		dicapped 2011-885.pdf			
			Act	ion	Result
Attachments:	1. O	2011-885.pdf		ion ssed	Result Pass
Attachments:	1. O Ver.	2011-885.pdf Action By	Pas		

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

### 78027

An application will not be considered complete unless:

- AD lines of the application have been completed in fii)
- A check or money order for \$70.00 made payable to t Please note: The application fee shall be waived for a <
- Disability must be permanent as evidenced by a copy submitted at the time of application;
- Proof of residency, in the form of a copy of your driver, time of application.

Completed application forms may be returned to: the office j ^

facility, or via mail at P.O. Box 803100, Chicago, IL 60680-j

fee wffl be billed to you annually. Should you have questior < v 744-PARK (7275).  $^{v}$ -

/enue enance at 312-1. Date of Birth

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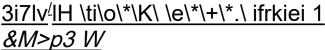
- 2. State Identification Number
- 3. Drivers License Number

4. Applicant Last Name

MI 1 Rrst Name

# <u>n|L|°|\*|\*|T|T|f</u>

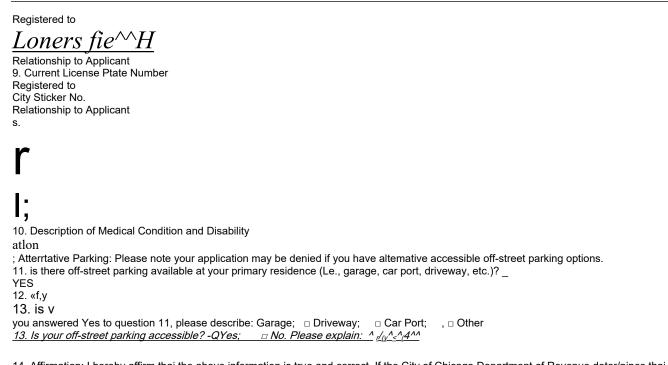
5. Home Address (primary residence) SIBEET NUMBER OW. I STREET NAME



6. Address where signs will be posted STHEET 8UWBER om. street name WARO NUMBER

1.3 I 6 ''f. Phone Numbers Home Business 8. Current Permanent Disabled Placard Number

#### File #: 02011-885, Version: 1



14, Affirmation: I hereby affirm thai the above information is true and correct. If the City of Chicago Department of Revenue deter/nines thai the (jppflcant has falsely represented one or more of the above conditions, the applicant shaft be subject to a fine of not less than SIOObut no more than \$500, and the application shall be denied. 1 also understand that it is my responsibility to notify the rjepBrtrnenl of Revenue of any changes In the Information provided.

Signature. Date */ o - /©.- /o* 

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PLACARD/PLATE
 Uty ot Chicago Richard M. Daley, Mayor
 Department of Revenue
 Bea Reyna-Hickey Director
 City Hall, Room 107A 121 North LaSalle Street Chic

City Hall. Room 107A 121 North LaSalle Street Chicago. Illinois 60602-1288 (312) 747-4747 (IRIS) (312) 744-0471 (FAX) (312) 744-2975 (TTY) <hr/>

January 12, 2011

ALDERMAN JOHN RICE WARD 36

6839 W BELMONT AVE. CHICAGO, IL 60634 Dear ALDERMAN RICE:

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: LORETTA PIECUCH Applicant's Address: 3740 N OAKPARK AVE

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(/Gambiho Manager of Parking

cc: Mayor's Office for People with Disabilities