



Office of the City Clerk

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

Legislation Text

File #: O2011-38, Version: 1

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

Street, etcj_ West 97th Street _

Location, etc: :_No. 518 (Ptermit 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, 21" 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 o< ihe 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 ine application lae: Please note: The application lee shall be waived for any person holding a valid, current disabled veterans olate

• Disability must be permanent as evidenced by a copy of your valid disabled placard and/or current vehicle legislation submitted al the time of application.

Proof of residency, in the torm of a copy of your drivers license, state identification, or utility bills are submitted ;it i'ie time of application.

Completed application forms may be returned to; the otlice o' your alderman, any City of Chicago Department o! 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 3'2-744-PARK (7275)

¹ 1. Date of Birth

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Applicant Last Name

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2. State Ideniification 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

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JM

6 Address where signs will be posted

Street Number

7. Phone Numbers

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Home : Business

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8 Current Permanent Disabled Placard Number

9. Current License Plate Number

Registered to

I Registered to City Sticker No.

.Acs,**

Relationship to Applicant: (jica:)

- Relations

Relationship '0 Apt)>r,m]

10. Description of Medical Condition and Disability

Alternative Parking: Please note your application may be denied if you have alternative accessible on street parking on>ik>"s

11. Is more off-street parking available at your primary residence (i.e., garage, car port, driveway, etc.)?

12 If you answered Yes to question 11, please describe JGarage: J Driveway: J Car Port:

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

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

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14 Affirmation: I hereby affirm that the above information is true and correct. If the City of Chicago Department of Revenue determines that the applicant has falsely represented one or more of the above conditions, the applicant shall be subject to a fine 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

Date

qJ^LACARD/PLATE

J COMPLETE

FOR OFFICE USE ONLY

ESIDENCY

ec. 29. 20 10 2:24PM

City of Chicago Richard M. Dale, Mayor

Department of Revenue

Bea Reyna-Hickey Director

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

<http://www.cityofchicago.org>

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 MALLET 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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