Office of the City Clerk

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

Legislation Text

File #: O2011-148, **Version:** 1

City Council January 13, 2011

Memorandum for Traffic Regulation Parking Prohibited Except for Disabled

Location: 10354 South Troy

Permit Number:

77017

Work Order Number:

Days: V   At all times

Hours: At all times

Other:

Override denial

Alderman, 19'" Ward

December 14, 2010

ALDERMAN VIRGINIA RUGAI WARD 19

10400 S WESTERN AVE. CHICAGO, IL 60643

Dear ALDERMAN RUGAI:

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: CATHERINE MESKE Applicant's Address: 10354 S TROY

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,

cc: Mayor's Office for People with Disabilities

"TO IK)/

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

77017

An application will not be considered complete unless

• All lines ot the application have been compleded in full:

• A check or money order for S70 00 made payable to the City of Chicago is submitted as payment ol tr.r upp -:,r.::n -<^-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 vcinc-ir.- fjii'on submitted at the time of application.

• Proof of residency, in the form of a copy of your valid drivers license, state identification, or utility Lulls an; submit;'.:! <r. <:••:■ time of application.

Completed application forms may be returned to: the office of your alderman any City of Chicago Deparcm.Ti o' -lov'u.? facility, or via mail a! P.O. Box 803100. Chicago. IL 60680-3100. ATTN: Disabled Permuting Section A SL't. 00 m.t nvnarKP fee will be billed to you annually. Should you have questions or concerns, please call out permit process""^ riivi- i.v- ..t 744-PARK (72751.

1   Date of Birth

r.'O

2   Slate Identification Number

Drivers License Number

' 1   Applicant Last Name

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5   Home Address iprimary residence)

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: 6. Address where signs will be posted /

F'rst Name

posted

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: 7. Phone Numbers   Home   / Business

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:8   Current Permanent Disabled Placard Number Registered to Relation.-

9. Current License Plate Number

Reaistered to Citv Stickei Nn.

Relations: hi :

j 10 Description ol Medical Condition and Disability

I.....Wm<J/CQ: O/STM^-^. .....UM.iT <http://UM.iT>............

" Alternative Parking Please note your application may be denied it you have alternative accessible n't-strom parking

j 11 Is there oft street parking available at your primary residence ^tYES   _I NO

;   lie. garage, car port, driveway, etc)?

\ 1? If vou answered Yes to uuestion 11 please describe'

!   ^A. Garage: J Driveway.   J Car Port,_J Other

■ 13 Is your oil-street parking accessible'¹ ['ii-Ycs. _J No Please explain

14 Aflirmation I hereby affirm that Ihe above information is true and correct. If the City of Chicago Department of Riwrnic •.('••..•rr-.......

that the applicant has lalscly represented one or more of the above conditions, the applicant shall be subject to a tme r.i rvi: i.;ₜ... $100 but no more than $500. and the application shall be denied. I also understand that it is my responsibility to notify "ne Dr^wnr-i'-i: Revenue of any changes m the information provided.

Signature   U^.Ol-C   ') J-^-iU. Date   ./   "7" ' ᴸ

FOR OFFICE USE ONLY

J PLACARD/PLATE   J RESIDENCY   J COMPLETE