



# Office of the City Clerk

City Hall  
121 N. LaSalle St.  
Room 107  
Chicago, IL 60602  
[www.chicityclerk.com](http://www.chicityclerk.com)

## Legislation Text

File #: O2011-152, Version: 1

### **Memorandum for Traffic Regulation Parking Prohibited Except for Disabled**

Location: 11630 South Hale

Permit Number: 77012

Work Order Number:

Days: At all times

Hours: At all times

Other: Override denial

City Council January 13, 2011

City of Chicago Richard M. Daley, Mayor

December 7, 2010

**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>>

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: GREGORY CHARLES Applicant's Address: 11630 S HALE

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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### **APPLICATION FOR DISABLED PARKING SIGNS 77012 PLEASE READ THE FOLLOWING CAREFULLY BEFORE COMPLETING THE FORM**

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 plate
- 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 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 60680-3100. ATTN: Disabled Permitting Section. A \$25.00 maintenance fee will be billed to you annually. Should you have questions or concerns, please call our permit processing division at 312-744-PARK (7275).

4. Applicant Last Name

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1. Date of Birth

2. State Identification Number

i. Applicant Last Name MI

3. Drivers License Number

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FfJLrst Name

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5. Home Address (primary residence)

\* STREET NUMBER , I DIH. I THEET NAME.

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|| tJP CODE , \_

6. Address where signs will be posted

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7. Phone Numbers

Home

Business

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8. Current Permanent Disabled Placard Number

Registered to

Relationship to Applicant

9. Current License Plate Number

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Relationship to Applicant

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10. Description of Medical Condition and Disability . native Parking: Pleasernote your application may be der

Alternative Parking: Pleasernote your application may be denied it you have alternative accessible off-street parking options.

11. Is there off-street parking available at your primary residence J YES NO

(i.e.. garage, car port, driveway, etc.)?

12. If you answered Yes to question 11, please describe:

'\_J Garage: J Driveway: \_J Car Port: ☐ Other:

13.1s your off-street parking accessible? ☐ Yes: ^No. Please explain:

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

Signature

Date

Chech\* 33fce.

☐ RESIDENCY J COMPLETE^qoO

FOR OFFICE U^E ONLY

**A FEE**

J PLACARD/PLATE