



# Office of the City Clerk

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

## Legislation Text

File #: O2011-553, Version: 1

### **MEMORANDUM FOR TRAFFIC REGULATIONS**

#### **OVERRIDE**

#### **PROHIBITION AGAINST PARKING (Except for the Handicapped):**

**Street, etc: West Pierce Avenue**

**Location, etc: No. 3227 (Permit No. 71689)**

**Distance or extent:**

**Hours: at all times**

**Days: no exceptions**

**FRANK COLON**

**ROBERTO MALDONADO Alderman, 26<sup>th</sup> Ward**

Jan 05.2011 1:30PM HP LASERJET FRX

page 2

City of Chicago Richard M. Daley, Mayor

**June 10, 2010**

Department of Revenue

Bea Rytina-Kckey Director

**ALDERMAN ROBERTO MALDONADO WARD 26**

**2434 W DIVISION ST. CHICAGO, IL 60651**

City Hall Room 107A 121 North LaSalle Street

Chicago, Illinois 60602-1288

**Dear ALDERMAN MALDONADO:**

(312) 747-4747 (IRIS) (312) 744-0471 (FAX) (312) 744-2975 (TTY)

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: FRANK COLON Applicant's Address: 3227 W PIERCE**

**Reason Not-Recommended: ALTERNATIVE ACCESSIBLE PARKING LOT 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.

furranna Cochran-Person Deputy Director

cc: Mayor's Office for People with Disabilities

Jan 05,2011 1:30PM HP LASERJET FRX

page 4

### **APPLICATION FOR DISABLED PARKING SIGNS PLEASE READ THE FOLLOWING**

## CAREFULLY BEFORE COMPLETING THE FORM

71689

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).

1. Date of Birth

MO - OAV

2. State Identification Number

3. Drivers License Number

<HH i5PT£IHf ifHiP,»|3

4. Applicant Last Name

C|OjL.jqrv]

MI

First Name

5. Home Address (primary residence)

STREET NUMBER D1H. STREET NAME

I ZIP CODE

P | \l\*L\rlc-\le^l

/\5lf

6. Address where signs will be posted

STREET NUMBER I Difi. I STREET NAME

WARD NUMBER

- 7s Phone Numbers Home

yi n i3 T%\1 \0 jo i2l °\ i St

Business

B. Current Permanent Disabled Placard Number

Registered to

Relationship to  
Applicant

9. Current License Plate Number

Registered to

^City Sticker No,

Relationship to Applicant

10. Description of Medical Condition and Disability

icuiuai wnuuun aiiu unpawniit ^ v

Alternative Parking: Please note your application may be denied if you have alternative accessible off-street parking options.

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

☐ YES

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

☐ Garage; ☐ Driveway; ☐ Car Port; ☐ Other:

13. Is your off-street parking accessible? ☐ Yes; CPffc. Please explain:

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.

Signal

Date

&(|3.f Sip If)

FOR OFFICE USE ONLY

☐ FEE

☐ PLACARD/PLATE

☐ RESIDENCY

□ COMPLETE

Jan 05 2011 1:30PM

HP LASERJET FAX

page 5

An fawn Company

www.corned.com <http://www.corned.com>

Page\*1>of 1

\ame FRANK A COLON

Service Location 3227 W PIERCE AVE SF OI1CA00

Phone Number 773-252-4034

Account Number \$237214001

Issue Date December 11, 2009

Meter Information Read Meter Load pate Number type

Road mi) lypu

12/10 997207880 General Service lot kWli

Hearing/Speech Impaired: 1-S00-S72-S789 OTY)

Custoaar Service:

1-aOO-CdtSM-I a-B00-334-7(

Meter Reading Previous Present 32\*67 EST 33234 EST

Diff 667

Mult k 11%

Current Period

Other Charges

Residential Multiple Customer Charge Standard Metering Charge Distribution Facilities Charge Transmission Services Charge felectricity Supply Charge Purchased

Electricity Adjustment Environmental Cost Recovery Adj Energy Efficiency Programs Franchise Cost State Tax Municipal lax Total current charges

Thank you for your payment of \$81.85

Service from 11/09/2009 to 12/10/2009

31

lib/ kWh x 667 kWh X 66/ kWh X

067 kWh X 667 kWh X

0.02407 0.00602 0.0643\*

0.00010 0.00089

\$7.32 2.24

16.05 4.02

42.92 0.52

-0.07 0.59 3.54 2.20 4.19

\$83.52

Your Usage Profile

Total amount due

13-Month Usage (Toul kWh)

LLC

JjJLI

Moilh

Billed

I Current Month Last Month Last Year

Total Demand

0.0! 0.0; 0.0 j

\$83.52

Avg Avg

Daily Deity kWh Temp

21.5 22 4 9.2

"I

41

50 32

0)IH»JJ)» 1)SI.

Past due balances are subject to late charges, trade in your old, incandescent holiday'light strands for long-lasting durable LEO holiday lights! Special discounts available NOW at ComEd's online energy store. Visit us at [warn.Con»fd.com](http://warn.Con»fd.com)

When (laying n portion, ptoase tiling me«m«e bl.

Jan 05 2011 1:30PM HP LASERJET FAX page 6

Jan 05 2011 1:31PM HP LASERJET FAX

page 7