



Office of the City Clerk

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

Legislation Text

File #: O2011-789, Version: 1

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City of Chicago Ricluni M. Daley, Mayor

January 3, 2011

Department nf Revenue

Bea Keyita-Hickey Director

MINDA A BANCOLITA 4829 N KILPATRICK AVE CHICAGO. IL 60630

City Hall, Room I07A 121 North LaSalle Street

Chicugo, Illinois 60602-1288

Dear Applicant.

. (312) 7474747 (IRIS) (312) 744-0471 (FAX) (312) 744-2975 (TTY)

The Department of Revenue received your request for disabled parking signs. The application was reviewed and a survey of the location was conducted. The Department cannot recommend the application.

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The Department's reason for not recommending the application is:

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 us at (312) 742-7434.

Very truly yours,

Anthony Gambino Manager of Parking

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

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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 permil processing division at 312-744-PARK (7275).

1. Data of Birth MO _ DAY _ YEAR MI I 3 I 2. State Identification Number fte\H\ 3. Drivers License Number 1 1 ' .

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4. Applicant Last Name ~ | MI MMtiloldIMilTIM 1 II 1 First Name tohM-
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5. Home Address (primary residence) STREET NUMBS* ■ 1 OIFV | STREET NAME

6. Address where signs will be posted STREET MUWBH I OIB. | STREET NAME f lfc WARD NUMGE c-1 VI 1 1 1 1 1

7. Phone Numbers Home n 13 TOIZ 1ST I P Business . 1 I T 1 I T I II

8. Current Permanent Disabled Placard Number Registered to Relationship
Applicant

9. Current License Plate Number Registered to City Sticker No. Relationship

10. Description of Medical Condition and Disability

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 ☐ YES ☒ NO (i.e., garage, carport, driveway, etc.)?

12. If you answered Yes to question 11, please describe: ☐ Garage; ☐ Driveway; ☐ Car Port; ☐ Other:

13. Is your off-street parking accessible? ☒ Yes; ☐ No. 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.

Signature H. 'hdO~A' l5~p7 l t +0

Date // "tis'm-efO

FOR OFFICE USE ONLY ☐ FEE

☐ PLACARD/PLATE ☐ RESIDENCY

☐ COMPLETE

Disabled Parking Application Payment Stub.

Please make check or money order payable to the City of Chicago or when paying with a credit card, please fill in the following information.

IMS MYMET WILL NOT BE PROCESSED IF NOT SIGNED

Card No.

S 6 6 / 0 5 9 6. < 9- Date / 0 - / /
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Signature:

By signing I agree in the term* and condition! of this* notat

PLEASE

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TOTAL AMOUNT DUE

70.00

PAYMENT AMOUNT ENCLOSED

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