



# Office of the City Clerk

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

## Legislation Text

File #: O2011-885, Version: 1

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

78027

An application will not be considered complete unless:

- AD lines of the application have been completed in fii)
- A check or money order for \$70.00 made payable to t Please note: The application fee shall be waived for a <
- Disability must be permanent as evidenced by a copy submitted at the time of application;
- Proof of residency, in the form of a copy of your driver, time of application.

Completed application forms may be returned to: the office j ^  
facility, or via mail at P.O. Box 803100, Chicago, IL 60680-j l

fee wffl be billed to you annually. Should you have questior < v  
744-PARK (7275). ^-

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1. Date of Birth

MO \_ DAY

2. State Identification Number

3. Drivers License Number

4. Applicant Last Name

MI 1 Rrst Name

n|L|°|\*|\*|T|T|f|

5. Home Address (primary residence)

SIBEEET NUMBER OW. I STREET NAME

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6. Address where signs will be posted

STHEET 8UWBBER om. street name

WARO NUMBER

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'^f. Phone Numbers

Home

Business

8. Current Permanent Disabled Placard Number

Registered to

Loners fie^^H

Relationship to Applicant

9. Current License Ptate Number

Registered to

City Sticker No.

Relationship to Applicant

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10. Description of Medical Condition and Disability

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; 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 (Le., garage, car port, driveway, etc.)? \_

YES

12. «f,y

13. is v

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

13. Is your off-street parking accessible? -QYes: ☐ No. Please explain: ^ d/y^~^4^^

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

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☐ PLACARD/PLATE

City of Chicago Richard M. Daley, 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>>

January 12, 2011

ALDERMAN JOHN RICE WARD 36

6839 W BELMONT AVE. CHICAGO, IL 60634

Dear ALDERMAN RICE:

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: LORETTA PIECUCH Applicant's Address: 3740 N OAKPARK AVE

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 (/Gambiho Manager of Parking

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cc: Mayor's Office for People with Disabilities