

Legislation Text

File #: O2011-925, Version: 1

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

72116

An application will not be considered complete unless: -
 All lines of the application have been completed in full; (C3)
 * A check or money order for \$70.00 must be payable to the City of Chicago is submitted at the time of application. Please note: The application fee shall be waived for any applicant holding a valid, current disabled veterans' or U.S. Military Service Members' Disability must be permanent, evidenced by a copy of your valid discharge placard and/or current medical records submitted at the time of application. v***
 * Proof of residence. U.S. form of copy of your driver's license. * * * * * or utility bill * * * * * isubscribed * * * * * a * * * time of application.
 Completed application forms may be returned to: the office of your alderman, tiny City of Chicago Japan * * * * * of the Mftwne facility, or via mail at CO Box UOSTOO. Chicago, IL 60680-3100. ATTN: DiMtooo PefWVWnfl Section A 125.00 froa«artfnc. fee will be billed to you annually. .Should you have * * * * * junctions or concerns, please call our permit program; irT«l division «t 31H-(7275).

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City of Chicago Richard M. Daley, Mayor
Augusts, 2010
Department of Revenue
Bea Reyna-Hickey Diwiior
ALDERMAN BRIAN DOHERTY WARD 41
6650 N NORTHWEST HWY. CHICAGO, IL 60631
City Hall, Room 107A 121 North LaSalle Strwl

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Chicago, Illinois 60602-1288

Dear ALDERMAN DOHERTY;

(312) 747-474? (IRIS) (.112) 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: LINDA J GUITERRES

Applicant's Address: 6776 N SAUGANASH AVE APT 1B

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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