



# Office of the City Clerk

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

## Legislation Text

File #: O2011-933, Version: 1

January 4, 2011

ALDERMAN REY COLON WARD 35 2710 N SAWYER CHICAGO, IL 60647

Dear ALDERMAN COLON:

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: RICHARD C CATENA Applicant's Address: 3023 N CHRISTIANA

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

tatsn

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

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**67064**

application will not be considered complete unless:

- All lines of the application have been completed in full; ,
- A check or money order for \$25.00 is submitted as payment of the application fee; Please note: The application fee is 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 Disabled Persons 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 \_ DAY \_ YEAR

2. State Identification Number 1 1 1 1 1 3. Drivers License Number

01.1110T^VI-313  
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4. Applicant Last Name C\A\T\£\J\4\ | | | | M | | ! | MI t First Name 4\I\LVf\fl\VI  
| | | |

5. Home Address (primary residence) \_ STREET NUMBER I OIH/1 STREET NAME \ "j

6. Address where signs will be posted SiJTZiJi I^TOVitt/i WARD NUMBER ^..... Mill

7. Phone Numbers Home 7i7i1T-Ti/iJT7i r 7i7 Business | | T | | T | | |

8. Current Permanent Disabled Placard Number Registered to Relationship to Applicant

9. Current License Plate Number ZU 3mi Registered to City Sticker No. Relationship to A

10. Description of Medical Condition and Disability

Alternative Parking: Pleasemote 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 JS^YES ☐ NO (i.e., garage, car port, 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: •XTNo Pleaseexpla.n: > US^^O^\*: ^ £. J' 75c\*7V 4^ fe/rdA?

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

Chech\*NI

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FOR OFFICE USE

sAou

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FEE

☐ PLACARD/PLATE ☐ RESIDENCY

☐ COMPLETE