



Office of the City Clerk

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

Legislation Text

File #: O2011-939, **Version:** 1

January 25, 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: PAULA DIAZ Applicant's Address: 2258 N HAMLIN

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

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 3, 2011

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

Dear ALDERMAN COLON:

Please see the attached application for disabled parking signs. The applicant is requesting a restricted parking space within your ward.

The Department of Revenue will conduct a parking study and review the application for compliance with Chapter 9-64-50 of the Municipal Code of Chicago. The Department will make its recommendation to you within thirty (30) days of the receipt of the application fee.

Should you have any questions or require additional information, please contact our office at 312.742.7434.

Very truly yours,

Deputy Director Department of Revenue

Enclosure: Disabled Signs Application

**APPLICATION FOR DISABLED PARKING SIGNS PLEASE READ THE
FOLLOWING CAREFULLY BEFORE COMPLETING THE FORM
72770**

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 ri tabled placard and/or current vehicle registration ■ ■■ submitted at the time of application; '""■"■""• '""-v^.

-Proof of residency, in the form of a copy of you;: 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 aiderman. 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 bur permit processing division at 312-744-PARK (7275).

1. Date of Birth

O - \-i

YEAR

State Identification Number

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■ 3. Drivers License Number

4. Applicant Last Name

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First Name

5. Home Address (primary residence)

STREET NUMBER DIR. STREET NAME

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6. Address where signs will be posted

STREET NUMBER DIR. STREET NAME

WARD NUMBER

i. Phone Numbers

I \-?

Home

Business

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8. Current Permanent Disabled Placard Number

8bo i ~7<4s

Registered to

Relationship to Applicant

9. Current License Plate Number

Registered to

City Sticker No.

Relationship to Applicant

1C-Description of Medical Condition and Disabi!

Alternative Parking: Please not^ your application may be denied if you have alternative accessible off-street parking options.

■ LJ-YES J^NO ■ ■ ■ . ■ ■

11. Is there off-street parking available at your primary residence (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; ☐ 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

Date^

FOR OFFICE USE ONLY

☐ FEE

LI PLACARD/PLATE ☐ RESIDENCY
☐ COMPLETE