

Office of the City Clerk

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

Legislation Text

File #: O2011-1507, Version: 1

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

BUILDING CHICAGO TOGETHER

December 13, 2010 ALDERMAN FREDDRENNA LYLE WARD 06 406 E 75TH STREET CHICAGO, IL 60619 Dear ALDERMAN LYLE:

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: GEORGE T MILAN 7^ ^y// Applicant's Address: 640 E 90TH PLACE 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

-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 Al! lines of the application have been completed in full;

A check or money order lor S70.00 made payable to me City ol Chicago is submitted as payment of the application fe². Please note; The application fee shall be waived (or any person nolding a valid, current disabled veterans plafe * Disability must be permanent as evidenced by a copy of your valid disabled placard and/or current vehicle registration submitted a! the lime of application;

Proof of residency, in the form of a copy of your drivers iicttn.««! state identification, or utility bills are submitted at i! •" time of appHcation. Completed application forms nay be relumed 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 Pe-mitiing Section. AS2S.0O maintenance fee wtii be billed to you annually. Should you have questions or concerns, please call our permit processing division at 3 ' • 744-PARK (7275);

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j 4. Applies.'!! Last Name i Ii. State lapi'iiiicauo't Namh

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