



Office of the City Clerk

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

Legislation Text

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Jan-10-
05:47pm From-
T-051 P.001/001 F-215

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tichard M. Daley, Mayor
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?ity Hall, Room 107 A 21 North LaSalle Street frcago, Illinois 60602-1288 JI2) 747-4747 (IRIS) j 312) 744-0471 (FAX) | 312) 744-2975 (TTY) I
.ttp://www.cityofchicago.orgj <http://www.cityofchicago.orgj>

August 18, 2009
ALDERMAN FREDDRENNNA LYLE WARD 06
406 E 75TH STREET CHICAGO, IL 60619
Dear ALDERMAN LYLE:

The Department of Revenue received j request for disabled parking signs to be posted in your ward. The ;=
pplication 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
res \$on for not recommending the application.

Applicant's Name: ERNESTINE TAYLOR Applicant's Address: 8459 S KING DR

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Reason Not-Recommended: ALTERNATIVE Explanation: ARTERIAL MAIN STREET BUS STOP
Appeals must be filed within ten (10) cl ays. 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 Appe al, City Hall, Room 104, 121 N. LaSalle St., Chicago, IL 60602. A dec;
sion 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 Dis - bilities

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

(Cation will not be considered complete unless: 'lines of the application have been completed in full; ^

. 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 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, 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 our permit processing division at 312-744-PARK (7275).

1. Date of Birth

MO DAY.

2. State Identification Number

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3. Drivers License Number

4. Applicant Last Name

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MI

First Name

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5. Home Address (primary residence)

STREET NUMBER

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DIR.

5

STREET NAME

| ZIP CODE

6. Address where signs will be posted

STREET NUMBER DIR. STREET NAME

. WARD NUMBER

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7. Phone Numbers

Home

Business

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8. Current Permanent Disabled Placard Number

Registered to

Relationship to Applicant SttLf=

9. Current License Plate Number

Registered to

City Sticker No.

3a/M**/

Relationship to Applicant

10. Description of Medical Condition and Disability

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 j^YES QnO ~ ~ | (i.e., garage, car port, driveway, etc.)? /f~C f X S/<SM<: #7 XC^Dtf^ £/7?ty&4)

12. If you answered Yes to question 11, please describe:

J*| Garage; ☐ Driveway; ☐ Car Port; ☐ Other: G^|j|^ /n^i^C & <?*r~st<?£. <jUJ^^/t-

13. Is your off-street parking accessible? fes; ☐ 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

- ☐ PLACARD/PLATE
- ☐ RESIDENCY
- ☐ COMPLETE