



# 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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City of Chicago Richard M. Daley, Mayor

February 8, 2011

Department of Revenue

Bea Reyna-Hickey Director

City Hall, Room 107A 121 North LaSalle Street Chicago, Illinois 60602-1288 (312) 747-4747 ORIS (312) 744-0471 (FAX) (312) 744-2975 (TTY)  
<http://www.cityofchicago.org>

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: GARY L HOGREFE Applicant's Address: 3417 N MONTICELLO AVE

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

KMIddl  
building chicago together

## 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:

- 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 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 \_ IJAV \_ YEAH

2. State Identification Number

4. Applicant Last Name

HIO\j\K\l\F\l\

3. Drivers License Number

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First Name

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5. Home Address (primary residence)

STREET NUMBER 1MB. STREET NAME

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6. Address where signs will be posted

STREET NUMBER OIR STREET NAME

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7. Phone Numbers

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Home

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8. Current Permanent Disabled Placard Number

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9. Current License Plate Number T i - U v f l L U

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City Sticker No. 500 2 7 15

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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 ☐ YES (i.e., garage, car port, driveway, etc.)?

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

☐ Garage; ☐ Driveway; £1 Car Port; ☐ Other

13. Is your off-street parking accessible? ☐ Yes: £3 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**

☐ PLACARD/PLATE

ESIDENCY ☐ COMPLETE J r ^ e \*