



# 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

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> <<http://chicago.org>>

December 16, 2010

ALDERMAN HOWARD BROOKINS JR.

WARD 21

9612 S HALSTED

CHICAGO, IL 60628

Dear ALDERMAN BROOKINS JR.:

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: ANNA HAMPTON-CONNER Applicant's Address: 8224 S THROOP

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

Mon. 8. 20'

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s: Address where signs wilt be postod

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An application will r>oi be considered complete unlssf

• All lines of th& application have been completed in lull;

• A check or money order for \$70.00 made payable to trw City of Chicago Is submitted as payment of the application fee; Ptoaso n<5is: The application tee snail be waived for any parson holding a valid, -current clloaWod vatoranx rjlatfi

» Disability must be permanent as evidenced by a copy ol your valid disabled placard and/c current vahicit; reflwlfslion wbiroUiK) at the time ol applicator.

• Proof of reeiidency. In 'ha form of a copy o» your drivers license, state identification, or irtitity bilte are submitted al Ihp time of application Cflmplute- appllclflion.forms jnay be returned to: the office of your alderrhan, any City of Chicago Department of ftewnui? factory, or via mail at P.p.' 8c« 803100, Chicago, IL 8068r>3t0f), ATTN: Disabled PermMlhg Section, A \$25.00 ntlntorwnw-fee will be billed to you annually, Should you ha ve questions/or concerns, please call our permit processing, division -at 312-744-PAP1K (727\$)..

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1. Data of Birth

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4. ApptiCRnt Last Name j Mi | first Nskto

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Registered to

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a Current Ucarteo Pistp Numbr

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Rflgiatered to.

City Stjchar No.

Befatioriship to Applicant

10. Description of Medical Condition and Disability

Airemai\*vo Parking: Please nolo your application may be cfeni\*>rt if vou have allomativa newssjWe off^stroot perking options.

11. la thero off-str«e» parking avaitaoje at your primary residence (i.o i s/arag\*\*, car pott, driveway, eto,)7 \_ \_ \_

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*yes Quo*

*uu arvswereo yss w questionu, "piease ueeerioe; v . . . s.*

13. ^ourorf-straoi parking accoeslble? Yaa; ☐ No, P(6t«o explain:

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I<i. AMirrntttiori: I hereby a!Rm» that th« above information tsirua and correct. 11 lh« City ol Chicago Department of Hevonue <jo|»miin«6 that the applicant hae tptaaly wprasomed one or more of the abovu condiftorts, tha applicant shall be subject to a flr>e of no', toss than St00 but no more than (500, and the appfcaillon stiall bo denied. > also understand thai It is my responsibility to notify irit- Department ol Ravanua of any cheripos in thn )nfor>naiior< p'ovidod.

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FOR OFFICE USSQfJLY

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