

**CITY OF PHILADELPHIA  
OFFICE OF ADMINISTRATIVE REVIEW**

**APPLICATION FOR APPEAL OF DENIAL  
OF RESERVED RESIDENTIAL ON-STREET PARKING  
FOR PEOPLE WITH DISABILITIES**

**CLEARLY PRINT OR TYPE ALL INFORMATION. ATTACH A COPY OF THE DENIAL LETTER FROM WHICH YOU ARE APPEALING.**

APPLICANT'S NAME (First Name, Middle Name, Last Name)		SOCIAL SECURITY NUMBER	
MAILING ADDRESS		PA LICENSE PLATE NUMBER OF THE VEHICLE YOU USE (HP/DV/PD ONLY)	
CITY	STATE	ZIP CODE	
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	

REASON FOR THIS APPEAL (Be brief and concise. Do not use reserve – attach additional sheets, if necessary, to the back of this appeal.)

*I HEREBY CERTIFY that the statements contained herein and in any supporting schedule or exhibit are true to the best of my knowledge and belief. I understand that if I knowingly make any false statements herein, I am subject to penalties as prescribed by law.*

APPLICANT'S SIGNATURE	DATE
-----------------------	------

**THIS APPEAL MUST BE RECEIVED WITHIN THIRTY DAYS OF THE DATE OF THE DENIAL LETTER.**

**YOU MUST RECEIVE A NOTICE FOR A HEARING BEFORE AN APPEALS PANEL.**

**MAIL COMPLETED APPEAL TO:  
OFFICE OF ADMINISTRATIVE REVIEW  
TAX REVIEW BOARD  
100 SOUTH BROAD STREET – ROOM 400  
PHILADELPHIA, PA 19110-1099**

**PHONE: 215 686-5215  
FAX: 215 686-5228**

**OFFICE USE ONLY**