CITY OF PHILADELPHIA OFFICE OF ADMINISTRATIVE REVIEW

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

THE * INDICATES REQUIRED INFORMATION - CLEARLY PRINT OR TYPE ALL REQUIRED INFORMATION.

*YOU MUST ATTACH A COPY OF THE PPA DENIAL LETTER FROM WHICH YOU ARE APPEALING.

*Please attach a copy of the current valid driver's license & vehicle registration for the applicant/driver.

If the applicant is a non-principal driver, please also include valid photo ID for the applicant.

* APPLICANT'S NAME (First Name, Middle Name, Last Name)			* SOCIAL SECURITY NUMBER	
* MAILING ADDRESS		* PHONE NUMBER		
* CITY			* STATE	* ZIP CODE
* PA LICENSE PLATE NUMBER OF THE VEHICLE YOU USE. (Circle the HP, DV or PD designation.)	FAX NUMBER	E-MAIL ADDRESS		
* REASON FOR THIS APPEAL (Be brief and concise.				
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 (30) DAYS OF THE DATE OF THE PPA DENIAL LETTER.				
YOU WILL RECEIVE AN ACKNOWLEDGEMENT LETTER WHEN YOUR APPEAL IS PROCESSED; THEN YOU WILL RECEIVE A SCHEDULING NOTICE FOR A HEARING BEFORE THE APPEALS PANEL; THE HEARING WILL BE SCHEDULED AT LEAST 90 DAYS AFTER YOU RECEIVE YOUR ACKNOWLEDGEMENT LETTER.				
MAIL COMPLETED APP OFFICE OF ADMINISTRATIV LAND TITLE BUILD 100 SOUTH BROAD STREET PHILADELPHIA, PA 191	VE REVIEW ING - ROOM 400 10-1099	(Web Obtained)	OFFICE US	SE ONLY
PHONE: 215-686-521 FAX: 215-686-5228	PHONE: 215-686-5216			(Rev. 2017)

*YOU MUST attach a copy of the Philadelphia Parking Authority (PPA) denial letter that you are appealing.