

**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.**

**\* IT IS MANDATORY TO ATTACH A COPY OF THE PHILADELPHIA PARKING AUTHORITY (PPA) LETTER THAT YOU ARE APPEALING.**

**\* APPEALS RECEIVED WITHOUT THE PPA LETTER WILL BE RETURNED TO SENDER AS INCOMPLETE.**

**\* You MUST 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)		E-MAIL ADDRESS (if applicable)	
* MAILING ADDRESS		* PHONE NUMBER	
* CITY	* STATE	* ZIP CODE	
* PA LICENSE PLATE NUMBER OF THE VEHICLE YOU USE. (Circle the HP, DV or PD designation.)  <b>HP / PD / DV</b>	DATE OF PHILA PARKING AUTHORITY LETTER: (You MUST attach the PPA letter to this appeal)	WILL YOU NEED AN INTERPRETER? <input type="checkbox"/> YES / <input type="checkbox"/> NO IF YES, PLEASE SPECIFY LANGUAGE:	

\* REASON FOR THIS APPEAL (Be brief and concise. Do not use reverse. If necessary attach additional sheets, medical reports etc, 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
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**THIS APPEAL MUST BE RECEIVED WITHIN THIRTY (30) DAYS OF THE DATE OF THE PPA DENIAL LETTER. APPEALS RECEIVED BEYOND THE 30-DAY TIME FRAME WILL NOT BE ACCEPTED.**

**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 / FAX / EMAIL COMPLETED APPEAL TO:**

OFFICE OF ADMINISTRATIVE REVIEW  
LAND TITLE BUILDING  
100 SOUTH BROAD STREET - ROOM 400  
PHILADELPHIA, PA 19110-1099  
FAX: 215-686-5228    PHONE: 215-686-5216  
EMAIL: OAR.DPEMS@PHILA.GOV

**OFFICE USE ONLY**

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**WEB OBTAINED - 23**



# CITY OF PHILADELPHIA

OFFICE OF ADMINISTRATIVE REVIEW

100 S. Broad Street - Suite 400

Land Title Building

Philadelphia, Pennsylvania 19110-1099

Phone (215) 686-5216 FAX (215) 686-5228

## **\*\*PLEASE KEEP THIS INFORMATION SHEET FOR FUTURE REFERENCE\*\***

### **APPLICATION FOR APPEAL OF DENIAL OF RESERVED RESIDENTIAL ON-STREET PARKING FOR PEOPLE WITH DISABILITIES – INSTRUCTION SHEET**

**\* IT IS MANDATORY TO ATTACH A COPY OF THE PHILADELPHIA PARKING AUTHORITY (PPA) LETTER THAT YOU ARE APPEALING. APPEALS RECEIVED WITHOUT THE PPA LETTER WILL BE RETURNED TO SENDER AS INCOMPLETE.**

\* You **MUST** attach a copy of the current driver’s license & vehicle registration for the applicant. If the applicant is a non-principal driver, please also include valid photo ID for the applicant along with the driver’s license & vehicle registration for the primary driver.

\* **The appeal MUST be received within thirty (30) days of the date of the Philadelphia Parking Authority (PPA) letter that you are appealing. Appeals received beyond the 30-day time frame will not be accepted and will be returned to sender as PAST DUE.**

\* You will receive an acknowledgement letter when your appeal is processed; the appeal hearing will be scheduled at least 120-180 days after you receive your acknowledgement letter; you will receive the scheduling notice for the hearing before the Appeals Panel about 30 days prior to the scheduled hearing.

#### ***IMPORTANT INFORMATION...***

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**WHILE YOU ARE WAITING FOR YOUR HEARING YOU MUST OBTAIN ADDITIONAL CURRENT AND OR UPDATED MEDICAL INFORMATION (I.E. IMAGING REPORTS, TEST RESULTS, PROGRESS NOTES, TREATMENTS PLANS, MEDIATION LIST DOCTOR’S NOTES/SUMMARIES, ETC) TO SUBMIT TO THE APPEALS PANEL ON THE DAY OF YOUR HEARING. PLEASE BRING COPIES THAT CAN BE INCLUDED IN YOUR RECORD. IF YOU DO NOT PRODUCE SUFFICIENT MEDICAL DOCUMENTATION TO SUPPORT YOUR CONDITIONS THE DECISION WILL BE MADE BASED ON WHAT IS AVAILABLE AT THE TIME OF THE HEARING.**

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\*Applicable **ONLY** if a NEIGHBOR’S CONSENT form is included: Despite the time frame noted on the consent for, you may hold it to be submitted at the appeal hearing.

\* Please make copies off all the documents you sent to the Office of Administrative Review to keep for your own records; and please retain these instructions for your reference.

#### **PLEASE MAIL, FAX OR EMAIL THE COMPLETED APPEAL FORM TO:**

Office Of Administrative Review  
100 South Broad Street – Suite 400  
Land Title Building  
Philadelphia, PA 19110-1099

**FAX:** 215-686-5228

**EMAIL:** OAR.DPEMS@phila.gov