



CITY OF PHILADELPHIA OFFICE OF ADMINISTRATIVE REVIEW



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

*** PLEASE PROVIDE THE FOLLOWING DOCUMENTS:**

- THE PHILADELPHIA PARKING AUTHORITY (PPA) DETERMINATION LETTER YOU ARE APPEALING.
- APPLICANT'S DRIVER'S LICENSE & VEHICLE REGISTRATION ...OR...
- FOR NON-PRINCIPAL DRIVERS: APPLICANT'S PHOTO ID AND DRIVER'S LICENSE & VEHICLE REGISTRATION FOR THE LICENSED DRIVER THAT RESIDES WITH THE APPLICANT.

APPEALS RECEIVED WITHOUT THESE DOCUMENTS WILL BE RETURNED TO SENDER AS INCOMPLETE.

* APPLICANT'S NAME (First Name, Middle Name, Last Name)		E-MAIL ADDRESS (opt-in for notifications)	
* MAILING ADDRESS		* PHONE NUMBER	
* CITY		* STATE	* ZIP CODE
* PA LICENSE PLATE NUMBER OF THE VEHICLE YOU USE. (Circle the HP, DV or PD designation.) _____ HP / PD / DV	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, you may include additional sheets, medical reports etc., with 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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APPEALS MUST BE RECEIVED WITHIN 30 DAYS OF THE DATE OF THE PPA DETERMINATION LETTER. APPEALS NOT RECEIVED WITHIN THIS TIME FRAME MAY NOT BE ACCEPTED.

YOU WILL RECEIVE AN ACKNOWLEDGEMENT LETTER WHEN YOUR APPEAL IS PROCESSED. THE HEARING WILL BE SCHEDULED AT LEAST 120 - 180 DAYS AFTER YOU RECEIVE YOUR ACKNOWLEDGEMENT LETTER. YOU WILL RECEIVE THE HEARING NOTICE 4-6 WEEKS PRIOR TO THE HEARING DATE.

<p><u>MAIL / FAX / EMAIL COMPLETED APPEAL TO:</u></p> <p>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</p>	<p><u>OFFICE USE ONLY</u></p> <p>12DP-MER-_____</p>
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(WEB OBTAINED - 25)