

**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.**

* 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.) HP / PD / DV	FAX NUMBER	E-MAIL ADDRESS	

* REASON FOR THIS APPEAL (Be brief and concise. Do not use reverse. If necessary attach additional sheets, 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 DAYS OF THE DATE OF THE DENIAL LETTER.

YOU WILL RECEIVE A NOTICE FOR A HEARING BEFORE AN APPEALS PANEL.

<u>MAIL COMPLETED APPEAL TO:</u> OFFICE OF ADMINISTRATIVE REVIEW LAND TITLE BUILDING 100 SOUTH BROAD STREET - ROOM 400 PHILADELPHIA, PA 19110-1099 PHONE: 215-686-5216 FAX: 215-686-5228	OFFICE USE ONLY 12DPMERZZ_____
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***YOU MUST attach a copy of the Philadelphia Parking Authority (PPA) denial letter that you are appealing.**

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