

**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.)  <b>HP / PD / DV</b>	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.**

<b><u>MAIL COMPLETED APPEAL TO:</u></b> 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  <b>12DPMERZZ</b> _____
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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.**