

**Memorandum
Public Works Department**



To: City Manager
Subject: Loading Zone
Date: March 20, 2013
Number: 2013-049

SOURCE OF REQUEST:

Rick Carlson
The ARC of the QCA
4016 9th Street
Rock Island, IL 61201

NATURE OF REQUEST:

The Traffic Engineering Committee received a request from Rick Carlson, The ARC of the QCA, to install a loading zone on 9th Street in front of 2850 9th Street.

MANUAL ON UNIFORM TRAFFIC CONTROL DEVICES WARRANTS:

Not Applicable

CONTACTS WITH RESIDENTS:

None

TRAFFIC STUDY INFORMATION:

None

COST:

The cost to the city is minimal.

RECOMMENDATION:

The Traffic Engineering Committee recommends that the City Council approve the request to install a loading zone and direct the city attorney to prepare the necessary paperwork.

Submitted by: Randy Tweet, Interim Public Works Director
Traffic Engineering Committee

Approved by: Thomas Thomas, City Manager

RECEIVED

JAN 30 2013

HANDICAPPED PARKING SPACE REQUEST

To install a handicapped parking space in the City of Rock Island you must first complete this Handicapped Parking Space Request form and return it to:

City of Rock Island Public Works
ATTN: Traffic Engineering
1309 Mill Street
Rock Island, IL 61201

Upon receipt of this Handicapped Parking Space Request form, the Traffic Engineering Committee (TEC) will review the request and send a letter to neighbors requesting their input. The TEC will then make a recommendation to the City Council. A letter will be sent to the person requesting the handicapped parking space indicating the date of the City Council meeting along with a copy of the TEC recommendation.

The installation of a handicapped parking space does not restrict the handicapped parking space to only the person requesting the space but is accessible to anyone with a handicapped license plate or placard.

If you have any questions regarding the procedures of installing a handicapped parking space, please feel free to call the City of Rock Island's Public Works Department at (309)732-2200.

Dale Burrill Richard Chandler
Jackie Dipple Linda Johnson
Brandon Jones Eric Rennacker
Sissy Smith Stacey Douglas

Name of Handicapped Resident....

Property Address..... 2850 9th St, RI, IL

Telephone Numbers.....(Home) (309) 794-9150

(Work) _____

Does the Handicapped Resident Own the Property? Yes
No
[X]

If No, please provide the name, address, and telephone number of the property owner:

The Arc of the QCA
4016 9th St
Rock Island, IL 61201
ask for Rick Carbon

(over)

Please describe the location to be designated as a handicapped parking space:

The front of the property in front of
the front gate. Ideally the space reserved
would be long enough to allow one of the
shorter city buses to load

Does the handicapped resident have access to off-street parking such as a driveway or garage?

Yes
 No

If Yes, please describe the off-street parking and explain why the handicapped resident does not use the off-street parking:

We load residents in our vehicles in this driveway,
but the buses that transport our people to and
from day program M-F will not use our
driveway. They insist that they have to load
on the street. (What we really need is a loading zone.)

In order to utilize a handicapped parking space, a motorist must have handicapped license plates or a handicapped placard. Please provide the handicapped license plate number or placard number of the person who will be using this handicapped parking space.

License Number _____
Placard Number YY 01073

Please provide any additional information that may be of assistance to the Traffic Engineering Committee and the City Council members when they review your request:

