

**“Sensitive information follows which was redacted from public viewing.”**





**APPLICATION FOR DISABLED PARKING SIGNS  
PLEASE READ THE FOLLOWING CAREFULLY  
BEFORE COMPLETING THE FORM**

73673

An application will not be considered complete unless:

- All lines of the application have been completed in full;
- A check or money order for \$70.00 made payable to the City of Chicago is submitted as payment of the application fee; Please note: The application fee shall be waived for any person holding a valid, current disabled veterans plate.
- Disability must be permanent as evidenced by a copy of your valid disabled placard and/or current vehicle registration submitted at the time of application;
- Proof of residency, in the form of a copy of your drivers license, state identification, or utility bills are submitted at the time of application.

Completed application forms may be returned to: the office of your alderman, any City of Chicago Department of Revenue facility, or via mail at P.O. Box 803100, Chicago, IL 60680-3100, ATTN: Disabled Permitting Section. A \$25.00 maintenance fee will be billed to you annually. Should you have questions or concerns, please call our permit processing division at 312-744-PARK (7275).

R 362 100 37 9 47

|  |  |                                   |  |                               |   |  |  |  |   |  |  |
|--|--|-----------------------------------|--|-------------------------------|---|--|--|--|---|--|--|
| 1. Date of Birth<br>MO DAY YEAR<br>1   2   0   6   3   7   |  |                                   | 2. State Identification Number<br>3   6   2   1   3   6   8   6   1   1    |                               |   | 3. Drivers License Number<br>R   3   6   2   1   0   0   3   7   9   4   7 |  |  | 4 |  |  |
| 4. Applicant Last Name<br>R   O   D   R   I   G   U   E   Z  |  |                                   |  |                               |   | MI<br>L  | First Name<br>C   A   R   M   E   N        |  |   |  |  |
| 5. Home Address (primary residence)<br>STREET NUMBER DIR. STREET NAME<br>1   5   2   2   W. W   A   L   T   O   N  |  | 2 <sup>nd</sup> F   L   O   O   R |  | ZIP CODE<br>6   0   6   4   2 |   | 60642  |  |  |   |  |  |
| 6. Address where signs will be posted<br>STREET NUMBER DIR. STREET NAME<br>1   5   2   2   W. W   A   K   T   O   N  |  |                                   |  |                               |   | WARD NUMBER<br>27  |  |  |   |  |  |
| 7. Phone Numbers<br>Home<br>7   7   3   8   1   6   3   ;   0   7  |  |                                   | Business   |                               |   |  |  |  |   |  |  |
| 8. Current Permanent Disabled Placard Number<br>B   B   9   8   6   4   6  |  |                                   | Registered to<br>C   A   R   M   E   N   R   O   D   R   I   G   U   E   Z |                               |   | Relationship to Applicant<br>S   E   L   F                                 |  |  |   |  |  |
| 9. Current License Plate Number<br>L   6   5   5   0   7   0   |  |                                   | Registered to<br>C   A   R   M   E   N   R   O   D   R   I   G   U   E   Z |                               | City Sticker No.<br><del>5005519</del><br>5005519 |  | Relationship to Applicant<br>S   E   L   F |  |   |  |  |
| 10. Description of Medical Condition and Disability<br>Osteoarthritis/painful ambulation, Peripheral Vascular Disease Coronary Artery Disease  |  |                                   |  |                               |   |  |  |  |   |  |  |
| Alternative Parking: Please note your application may be denied if you have alternative accessible off-street parking options.   |  |                                   |  |                               |   |  |  |  |   |  |  |
| 11. Is there off-street parking available at your primary residence (i.e., garage, car port, driveway, etc.)?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO               |  |                                   |  |                               |   |  |  |  |   |  |  |
| 12. If you answered Yes to question 11, please describe:<br><input type="checkbox"/> Garage; <input type="checkbox"/> Driveway; <input type="checkbox"/> Car Port; <input type="checkbox"/> Other: |  |                                   |  |                               |   |  |  |  |   |  |  |
| 13. Is your off-street parking accessible?<br><input type="checkbox"/> Yes; <input type="checkbox"/> No. Please explain:   |  |                                   |  |                               |   |  |  |  |   |  |  |

14. Affirmation: I hereby affirm that the above information is true and correct. If the City of Chicago Department of Revenue determines that the applicant has falsely represented one or more of the above conditions, the applicant shall be subject to a fine of not less than \$100 but no more than \$500, and the application shall be denied. I also understand that it is my responsibility to notify the Department of Revenue of any changes in the information provided.

Signature Carmen Rodriguez

Date 8-4-2011

FOR OFFICE USE ONLY

COMPLETE  
 RESIDENCY  
 PLACARD/APPLICATE  
 FEE  
 M.O. 173163 \$70.00