



Office of the Chicago City
Clerk



O2012-3510

Office of the City Clerk

City Council Document Tracking Sheet

Meeting Date:	5/9/2012
Sponsor(s):	Quinn, Marty (13)
Type:	Ordinance
Title:	Handicapped Parking Permit No. 43651
Committee(s) Assignment:	Committee on Pedestrian and Traffic Safety

BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF CHICAGO:

SECTION 1. That an ordinance heretofore passed by the City Council prohibiting parking of vehicles at all times on portions of designated streets, be and the same is hereby amended by striking therefrom, the following:


“South Kildare Avenue

at No. 5719

Permit No. 43651.”

SECTION 2. This ordinance shall take effect and be in force upon its passage and publication.

Applicant / Peter Kaplimski



MARTY QUINN
Alderman, 13th Ward



DISABLED PARKING SIGNS RENEWAL FORM



04/19/2012

Please complete and return this form along with your payment within 30 days of the date of this notice. Any changes in the information listed on your original application must be reported to the City of Chicago Department of Revenue. The renewal fee is \$25.00. Should you have any questions, please contact a Customer Service Representative at (312) 744-7275. You are also required by City law to notify the Department if you no longer meet the following permit qualifications:

- You must hold either a valid, current disabled veteran's state registration plate or permanent person with disability license plate, parking decal or device authorized by State law.
- Any vehicle parked by you or for you in the designated area must bear the license plates, parking decals or devices issued to you by the State of Illinois.
- You must continue to reside at the home address listed on your original application.

The permit originally issued to you by the City of Chicago must be displayed on the right hand side of your dashboard, within your vehicle. Your permit number must be visible from outside your vehicle.

1. Disabled Permit Number _____	2. Do you no longer require the disabled signs and want them removed? <input checked="" type="checkbox"/> Yes, remove the signs (please skip to line 13 and sign the certification). <input type="checkbox"/> No, I want to retain the signs. I will certify my eligibility under oath and will complete the entire form.	
3. Date of Birth MO _____ DAY _____ YEAR _____	4A. State Identification Number _____	4B. Drivers License Number _____
5. Applicant Last Name _____		MI _____ First Name _____
6. Home Address (primary residence) STREET NUMBER _____ DIR. _____ STREET NAME _____		ZIP CODE _____ WARD NUMBER _____
7. Address where signs are located STREET NUMBER _____ DIR. _____ STREET NAME _____		ZIP CODE _____ WARD NUMBER _____
8. Phone Numbers Home _____		Business _____
9. Current Disabled Placard Numbers	Registered to	Relationship to Applicant
10. Current License Plate Numbers	Registered to	City Sticker No. Relationship to Applicant
11. Description of Medical Condition and Disability _____ <input type="checkbox"/> Permanent disability <input type="checkbox"/> Temporary		
12. Is there accessible off-street parking available at your primary residence <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please describe <input type="checkbox"/> Garage <input type="checkbox"/> Driveway <input type="checkbox"/> Other		

13. 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 Reto G. Lopez Date 5-3-12