



# City of Chicago



O2014-5038

Office of the City Clerk

## Document Tracking Sheet

<b>Meeting Date:</b>	6/25/2014
<b>Sponsor(s):</b>	Beale (9)
<b>Type:</b>	Ordinance
<b>Title:</b>	Handicapped Parking Permit No. 19081 - remove
<b>Committee(s) Assignment:</b>	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 State Street**

**at No. 12121  
Permit No. 19081.”**

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

**Applicant / Ruby Walton**



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**ANTHONY A. BEALE  
Alderman, 9th Ward**



City of Chicago  
Rahm Emanuel, Mayor

Department of Revenue

Bea Reyna-Hickey  
Director

City Hall, Room 107  
121 North LaSalle Street  
Chicago, Illinois 60602  
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<http://www.ci.chi.ill.us>

## DISABLED PERMIT PARKING REMOVAL APPLICATION

FOR SIGN REMOVAL REGARDING PROHIBITED PARKING

EXCEPT FOR DISABLED PERMIT NUMBER 19081  
(Please print or type)

NAME OF DISABLED INDIVIDUAL: Ruby Walton

REMOVAL LOCATION OF DISABLED PARKING SPACE REQUESTED  
121215. State  
(Please print or type current sign location address)

CHICAGO, ILLINOIS (ZIP CODE) 60628 (PHONE NUMBER) \_\_\_\_\_

REASON FOR REMOVAL: vacant home

ILLINOIS VEHICLE LICENSE NUMBER: \_\_\_\_\_

ILLINOIS DISABLED PLACARD NUMBER: \_\_\_\_\_  
(Secretary of State Disable Placard)

CERTIFICATION: THE ABOVE INFORMATION IS CORRECT TO THE  
BEST OF MY KNOWLEDGE: \_\_\_\_\_  
(Signature of Applicant)

FORWARD THIS COMPLETED APPLICATION TO YOUR ALDERMAN

APPLICANT: DO NOT WRITE BELOW THIS LINE

### ALDERMANIC CERTIFICATION

Anthony Beale  
(Aldermanic Signature)

9  
(Ward)

6-2-14  
(Date)

AFTER APPROVAL, THIS APPLICATION IS TO BE FORWARDED TO  
COUNCIL SERVICES, BY THE ALDERMAN, AT THE TIME THE  
DISABLED SIGN REMOVAL ORDINANCE IS INTRODUCED

