



City of Chicago



O2013-5970

Office of the City Clerk

Document Tracking Sheet

Meeting Date:	7/24/2013
Sponsor(s):	O'Connor, Patrick (40)
Type:	Ordinance
Title:	Handicapped Parking Permit No. 91367
Committee(s) Assignment:	Committee on Pedestrian and Traffic Safety

MEMORANDUM FOR TRAFFIC REGULATIONS

PROHIBITION AGAINST PARKING (Except for the Handicapped):

Street, etc: West Ardmore Avenue

Location, etc: No. 2454 (Permit No. 91367)

Distance or extent: _____

Hours: at all times

Days: no exceptions

PAULA ACEVEDO



PATRICK J. O'CONNOR
Alderman, 40th Ward



APPLICATION FOR DISABLED PARKING SIGNS

PLEASE READ THE FOLLOWING CAREFULLY

BEFORE COMPLETING THE FORM

1367

An application will not be considered complete unless:

- All items of the application have been filled out.
- A check or money order for \$10 has been made payable to the State of Illinois and submitted with the application fee. Please note: The application fee will be waived for a person holding a valid Illinois disabled person's license.
- Disability must be permanent (as when said by a medical professional) and must have been verified by a physician's certification submitted at the time of application.
- Proof of residency in the form of a copy of your driver's license or other identification must be submitted at the time of application.

Completed application forms will not be returned. The office is at the Administration Center, 1000 North Dearborn Street, Springfield, Illinois, or via mail at P.O. Box 603190, Chicago, Illinois 60660. The ATTN: Disabled Parking Sign Application. A \$10 maintenance fee will be billed to you annually. Should you have questions or concerns, please call our toll-free number at 1-2-244-PAI (74275).

1. Date of Birth: 09/11/1962 2. Driver's License No.: 1-123456789 3. Driver's License State: IL

4. Applicant Last Name: [Redacted] (M) First Name: [Redacted]

5. Home Address (provide full address):
 12345 Maple Street, Chicago, IL 60610

6. Do you own or lease a vehicle? YES NO

7. Address where sign will be posted:
 12345 Maple Street, Chicago, IL 60610

8. Phone Numbers: Home: 312-555-1234 Cell: 312-555-5678

9. Current Permit or Driver's License Number: [Redacted] Registered to: [Redacted] Recipient's Name: [Redacted]

10. Current License Pl. # (if different from above) Registered to: [Redacted] City/State: [Redacted] Recipient's License Pl. # (if different from above): [Redacted]

11. Does the registered vehicle of the vehicle type of permit have the sign? YES NO

12. Provide a Description of Medical Condition and Disability: Permanent Temporary

 PARKING SIGN

Alternative Parking: Please see last page. (You may be called upon to have interviews with the State of Illinois.)

13. Is there off-street parking available for your vehicle? YES NO

 (If "no" please explain below.)

14. If an answer of "Yes" to item 13, please describe the duration of parking availability. 24 hours Only during business hours Other

 24 hours

15. If alternative parking is available, will you accept a sign designating this area? Please explain. YES NO

16. Do you use a assistive device? YES NO "Yes, what is the device?"

17. Are you currently employed? YES NO "Yes, what is your employer?"

Signature: [Redacted] Date: 09/11/2010

FOR OFFICE USE ONLY

FEE INADEQUATE RESIDENCY CORRECT