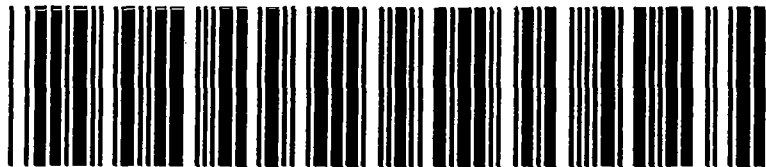




## Office of the City Clerk

The following pages were submitted to the Office of the City Clerk as part of this legislative document. The pages are not viewable on the public website or other public reports because they contain personal information not suitable for publication. The pages are considered a redacted portion of the entire legislative document.



ATTACHMENT



# APPLICATION FOR DISABLED PARKING SIGNS

## PLEASE READ THE FOLLOWING CAREFULLY

### BEFORE COMPLETING THE FORM

90104

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 Finance 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).

1. Date of Birth MO DAY YEAR 03/31/1989		2. State Identification Number 23B047908M109B9Q		3. Drivers License Number Q21310T4B10B410913	
4. Applicant Last Name QUESADA				MI First Name JONATHAN	
5. Home Address (primary residence) STREET NUMBER DIR STREET NAME ZIP CODE 2424 N MINNITONK 60639					
6. Do you rent or own? <input checked="" type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> OTHER					
7. Address where signs will be posted STREET NUMBER DIR STREET NAME ZIP CODE 2424 N MINNITONK 60639					
8. Phone Numbers Home Business 7082279482					
9. Current Permanent Disabled Placard Number BG81421		Registered to Jonathan J. Quesada		Relationship to Applicant Self	
10. Current License Plate Number of Vehicle that will be parked in the space: R22 2023		Registered to Jonathan J. Quesada		City Sticker No. 5023406 Relationship to Applicant Self	
11. Does the registered owner of the vehicle reside at the address of the applicant? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
12. Provide a Description of Medical Condition and Disability <input checked="" type="checkbox"/> Permanent disability <input type="checkbox"/> Temporary Right Femur Fracture / AVN					
Alternative Parking: Please note your application may be denied if you have alternative accessible off-street parking options.					
13. Is there off-street parking available at your primary residence (i.e. garage, car port, driveway, etc.)? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Garage is used by Landlord only					
14. If you answered Yes to question 13, please describe the alternative parking available: <input checked="" type="checkbox"/> Garage; <input type="checkbox"/> Driveway; <input type="checkbox"/> Car Port; <input type="checkbox"/> Other:					
15. If alternative parking is available, why are you unable to access the space? Please explain:					
16. Do you use assisted devices? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, what type do you use? wheel chair					
17. Are you able to walk 200ft? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If no, why? due to an arthritic, neurological or orthopedic condition					

WARD NUMBER  
30104

Affirmation: Under penalties provided by law pursuant to Section 1-105 of the Code of Civil Procedure, I hereby certify and attest that the statements set forth in this document are true and correct. I acknowledge that, pursuant to Section 1-21-010 of the Municipal Code of Chicago, persons who make material false statements on this application may be fined not less than \$500 and not more than \$1,000, plus three times the city's damages, litigation costs, collection costs and attorney's fees. I acknowledge that providing false information on this application or omitting material information from this application may result in denial of the application. I also understand that it is my responsibility to immediately notify the Department of Finance of any changes in the information provided or I may be subject to a penalty of not less than \$100 and not more than \$500, under Section 9-64-050 (f) of the Municipal Code of Chicago.

Signature *Jonathan Quesada* Date 5-6-13  
cash 44-0215 \$ 70.00

FOR OFFICE USE ONLY

- FEE
- PLACARD/PLATE
- RESIDENCY
- COMPLETE