



# Office of Chicago City Clerk



O2011-1568

Office of the City Clerk

## City Council Document Tracking Sheet

<b>Meeting Date:</b>	<b>3/9/2011</b>
<b>Sponsor(s):</b>	<b>Olivo, Frank (13)</b>
<b>Type:</b>	<b>Ordinance</b>
<b>Title:</b>	<b>Handicapped Parking Permit No. 77748</b>
<b>Committee(s) Assignment:</b>	<b>Committee on Traffic Control and Safety</b>

MEMORANDUM FOR TRAFFIC REGULATION

PROHIBITION AGAINST PARKING (Except for the Disabled)

Applicant Name: TOD A WINKELMAN

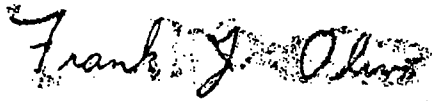
Primary Street Address: 5233 W 64<sup>TH</sup> PLACE, CHICAGO, IL 60638

Location Signs to be Posted: 5233 W 64<sup>TH</sup> PLACE

Permit Number: 77748

Hours: At all times

Days: No Exceptions

A handwritten signature in black ink, appearing to read "Frank J. Olivo". The signature is written in a cursive, slightly stylized font.

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ALDERMAN FRANK OLIVO, Ward 13



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

77748

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 placard.
- 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).

1. Date of Birth MO DAY YEAR 09 08 62		2. State Identification Number T T T T T T T T		3. Drivers License Number W 524T801162256	
4. Applicant Last Name Winkelman				5. First Name Atod	
5. Home Address (primary residence) STREET NUMBER DIR STREET NAME 5233 W 164TH PL				ZIP CODE 60638	
6. Address where signs will be posted STREET NUMBER DIR STREET NAME 5233 W 164TH PL				WARD NUMBER 113	
7. Phone Numbers Home 77373506113		Business 77378355233			
8. Current Permanent Disabled Placard Number		Registered to		Relationship to Applicant	
9. Current License Plate Number 119836 HANDICAPPED		Registered to SELF		City Sticker No. P2180905	
				Relationship to Applicant SELF	
10. Description of Medical Condition and Disability ON OXYGEN Failed BACK Syndrome RESTRICTED Lung Disease daughter IN Wheel chair					
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.)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
12. If you answered Yes to question 11, please describe: <input type="checkbox"/> Garage; <input type="checkbox"/> Driveway; <input type="checkbox"/> Car Port; <input checked="" type="checkbox"/> Other: NO place for bus to get child in wheelchair on/off.					
13. Is your off-street parking accessible? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No. Please explain: NO place for bus to get child off and on bus					

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

*Atod Winkelman*

Date

1/31/11

FOR OFFICE USE ONLY

☒ FEE

☒ PLACARD/PLATE

☒ RESIDENCY

☒ COMPLETE

CHECK # 1797  
\$70.00



**CITY COUNCIL**  
CITY OF CHICAGO

COUNCIL CHAMBER  
SECOND FLOOR, CITY HALL  
121 NORTH LASALLE STREET  
TELEPHONE: (312) 744-3076

**COMMITTEE MEMBERSHIPS**

AVIATION - COMMITTEES

RULES AND ETHICS

FINANCE

LICENSE AND CONSUMER PROTECTION

BUDGET

TRAFFIC CONTROL AND SAFETY

ZONING

**FRANK OLIVO**

ALDERMAN, 13TH WARD  
6500 S. PULASKI ROAD - 60629  
TELEPHONE: (773) 581-8000

March 4, 2011

Honorable Patrick O'Connor  
Chairman  
Committee on Traffic Control and Safety  
121 N. LaSalle Street, Room 300  
Chicago, IL 60602

Dear Chairman O'Connor:

I wish to override the following application for handicapped parking signs:

5233 W. 64<sup>th</sup> Place - 77748

Your assistance with this matter will be greatly appreciated. If you have any questions, please call Shari Knight at (773) 581-8000.

With kindest personal regards, I remain

Sincerely,

Frank J. Olivo  
Alderman, 13<sup>th</sup> Ward