

Office of Chicago City Clerk



1

Office of the City Clerk

City Council Document Tracking Sheet

Meeting Date:

Sponsor(s):

Type:

Title:

Committee(s) Assignment:

4/13/2011 Cardenas, George (12) Ordinance Handicapped Parking Permit No. 46624 Committee on Traffic Control and 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 Washtenaw Avenue

at No. 4530 Permit No. 46624."

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

Applicant / Jonathan A. Lim

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GEORGE A. CARDENAS Alderman, 12th Ward

Apr 12 2011 3:30	PM HP LASENJET FAX 773-523-8440 P.3
	HANDICAPPED PERMIT PARKING
City of Chicago Richard M. Daicy, Meyor	FOR SICN REMOVAL RECARDING PROHIBITED PARKING EXCEPT FOR HANDICAP PERMIT NUMBER: 46624 (Please print or type.)
Department of Revesoe	· · · · · · · · · · · · · · · · · · ·
loge Fryklund City Parking Administrator	NAME OF HANDICAPPED INDIVIDUAL: him, Jonuthan A
Bureau of Parking Enforcement 24 East Congress Parkway	REMOVAL LOCATION OF HANOICAP PARKINC SPACE REQUESTED:
2nd Fluor Chirada Windir 60603	(Please print or type current sign location address.)
	CHICACO, ILLINOIS (ZIP CODE) 60 6 32 (PHONE NUMBER)
X	NAME AND ADDRESS OF PERSON CURRENILY BEING BILLED FOR ANNUAL SIGN
not not not	(Please print or type current sign location address.) CHICACO, ILLINOIS (ZIP CODE) 60632 (PHONE NUMBER) NAME AND ADDRESS OF PERSON CURRENTLY BEING BILLED FOR ANNUAL SIGN MAINTENANCE FEE: Same as above (Please provide information only if billing information differs.) ILLINOIS VEHICLE LICENSE NUMBER: (W or V places) ILLINOIS HANDICAPPED PLACARD NUMBER: (Secretary of State
Arma 4-11-2011 and	(Please provide information only if billing information differs.)
That were	ILLINDIS VEHICLE LICENSE NUMBER:(W or V places)
}	ILLINOIS HANDICAPPED PLACARD NUMBER:(Secretary of State Handicap Placard)
¥	CERTIFICATION: THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE:
	Remanne
	(Signature of applicant)
	FORWARD THIS COMPLETED APPLICATION TO YOUR ALDERMAN.
	APPLICANT: DO NOT WRITE BELOW THIS LINE.
	ALDERMANIC CERTIFICATION:
	George A. Cardenas
	(Aldermanic Signature)
	12 14 4-11-11
	$\frac{1}{(Ward)} \qquad \frac{4-11-11}{(Date)}$
· · ·	AFTER APPROVAL, THIS APPLICATION IS TO BE FORWARDED TO COUNCIL SERVICES, F THE ALDERMAN, AT THE TIME THE HANDICAP SIGN REMOVAL ORDINANCE IS INTRODUCE
	TURES

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