

# Office of Chicago City Clerk



O2011-3079

# Office of the City Clerk

### City Council Document Tracking Sheet

**Meeting Date:** 

4/13/2**0**11

Sponsor(s):

Cardenas, George (12)

Type:

**Ordinance** 

Title:

Handicapped Parking Permit No. 69339

Committee(s) Assignment:

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 Albany Avenue

at No. 2417 Permit No. 69339."

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

Applicant / Gabino-Rodriguez

George A. Cardenas GEORGE A. CARDENAS Alderman, 12th Ward



## HANDICAPPED PERMIT PARKING

AP LASERJET FAX

REMOVAL APPLICATION



City of Chicago Richard M. Oaler, Major

Department of Revenue

loge Frykluad City Parking Administrator

Bureau of Parking Enforcentent 24 East Congress Parkway 2nd Floor Chicago, illinois 60605 [312] 744-2219

Armando Visit

Armando Visit

Armando Visit

| OR SIGN REMOVAL REGARDING PROHIBITED PARKING EXCEPT FOR HANDICAP             |
|--|
| PERMIT NUMBER: 69339 (Please print at type.)                                 |
| NAME OF HANDICAPPED INDIVIDUAL: Gabino-Bodriguez                             |
| REMOVAL LOCATION OF HANDICAP PARKING SPACE REQUESTED:                        |
| (Please print or type current light location address.)                       |
| CHICACO, ILLINOIS (ZIP CODE) 606 23 (PHONE NUMBER)                           |
| NAME AND ADDRESS OF PERSON CURRENTLY BEING BILLED FOR ANNUAL SICN            |
| MAINTENANCE FEE: Same as a locate  |
|  |
| (Piease provide information only if billing information differs.)            |
| ILLINOIS 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: |
| Revenue  |
| (Signacure of applicant)   |
| FORWARD THIS COMPLETED APPLICATION TO YOUR ALDERMAN.                         |
| APPLICANT: DO NOT WRITE BELOW THIS LINE.                                     |
| ALDERMANIC CERTIFICATION: Conf.  |
| (३1 (त्रिक्तुत्वस्तंदर अम्बन्तवस्तिते  |
| 12th 4-11-11 (Pare)  |
| ,:=, \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\                                      |

AFTER APPROVAL. THIS APPLICATION IS TO BE FORWARDED TO COUNCIL SERVICES. THE ALDERMAN, AT THE TIME THE HANDICAP SIGN REMOVAL ORDINANCE IS INTRODUCE

