

Office of the Chicago City Clerk



O2011-6204

Office of the City Clerk

City Council Document Tracking Sheet

Meeting Date:

7/6/2011

Sponsor(s):

Waguespack, Scott (32)

Type:

Ordinance

Title:

Handicapped Parking Permit No. 49581

Committee(s) Assignment:

Committee on Pedestrian and Traffic Safety

BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF CHICAGO

SECTION 1. That an ordinance hereto 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:

"West Walton

at No. 2255 Permit No. 49581."

SECTION 2. publication.

This ordinance shail take effect and be in force upon its passage and

Scott Waguespack Alderman, 32nd Ward



City of Chicago Richard M. Dalcy, Mayor

Department of Revenue

Bea Reyna-Hickey Director

City Hall, Room 107
121 North LaSalla Street
Chicago, Illinois 60602
(312) 747-4747 (IRIS)
(312) 744-0471 (FAX)
(312) 744-2975 (TTY)
http://www.ci.chi.il.us

DISABLED PERMIT PARKING REMOVAL APPLICATION

FOR SIGN REMOVAL REGARDING PROHIBITED PARKING
EXCEPT FOR DISABLED PERMIT NUMBER 49531
(Please print or type.)
0.6.1.
NAME OF DISABLED INDIVIDUAL: OVEST Danylok
REMOVAL LOCATION OF DISABLED PARKING SPACE REQUESTED:
2255 W. Welton
(Please print or type current sign location address.)
CHICAGO, ILLINOIS (ZIP CODE) (PHONE NUMBER)
REASON FOR REMOVAL: Decesel
ILLINOIS VEHICLE LICENSE NUMBER:
(WorVplates),
ILLINOIS DISABLED PLACARD NUMBER:
(Secretary of State Disabled Placard)
• •
CERTIFICATION: THE ABOVE INFORMATION IS CORRECT TO THE
CERTIFICATION: THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE: (Signature of Applicant)
BEST OF MY KNOWLEDGE:
BEST OF MY KNOWLEDGE: (Signature of Applicant)
BEST OF MY KNOWLEDGE: (Signature of Applicant) FORWARD THIS COMPLETED APPLICATION TO YOUR ALDERMAN.
BEST OF MY KNOWLEDGE: (Signature of Applicant) FORWARD THIS COMPLETED APPLICATION TO YOUR ALDERMAN. APPLICANT: DO NOT WRITE BELOW THIS LINE
BEST OF MY KNOWLEDGE: (Signature of Applicant) FORWARD THIS COMPLETED APPLICATION TO YOUR ALDERMAN. APPLICANT: DO NOT WRITE BELOW THIS LINE ALDERMANIC CERTIFICATION: (Signature of Applicant) (Signature of Applicant)

AFTER APPROVAL, THIS APPLICATION IS TO BE FORWARDED TO COUNCIL SERVICES, BY THE ALDERMAN, AT THE TIME THE DISABLED SIGN REMOVAL ORDINANCE IS INTRODUCED



