

Office of the Chicago City Clerk



Or2012-121

Office of the City Clerk

City Council Document Tracking Sheet

Meeting Date: 2/15/2012

Sponsor(s): Thomas, Latasha R. (17)

Type: Order

Title: Handicapped Parking Permit at 7405 S Peoria St -sign

Committee(s) Assignment: Committee on Pedestrian and Traffic Safety

OVERRIDE

ORDINANCE

Ordered, That the Commissioner of Transportation is hereby authorized and directed to give consideration to the installation of a Parking Prohibited At All Times, Handicapped sign at at 7405 S. Peoría Street on behalf of Mary Will.

LATASHA R. THOMAS ALDERMAN, 17TH WARD

"Sensitive information follows which was redacted from public viewing."







FOR OFFICE USE ONLY

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

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 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).

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1 Date of Birth 2 State Identification Number 3. Drivers License Number
012 1 / 13 13 14 1 1 1 1 1 1 1 D 15 20 15 2 8 6 1 ST 8 3 1
4. Applicant Last Name MI First Name
W146 1 1 1 1 1 1 MARX
5. Home Address (primary residence) $7 7 7 0 5 S P E 0 R 1 A S T R C C T $
6. Address where signs will be posted STREET NUMBER DIR STREET NAME
7405 5190011 4 510001 1 1 17
7. Phone Numbers Home Business
713 13 T8 18 15 T /1 9 15 19 MAI T T I
8. Current Permanent Disabled Placard Number Registered to Relationship to Applicant
BD36855 MARY WILL SELF
9. Current License Plate Number 183 4077 City Sticker No. Relationship to Applicant DANZY 1/665/8 DAUGLER
10. Description of Medical Condition and Disability HEART THOUGHE - DIAGTIC . ARTHRITIS ASSIST WITH WALKER
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.)?
☐ Garage; ☐ Driveway; ☐ Car Port; ☐ Other:
13. Is your off-street parking accessible? Ses; December 13. Is your off-street parking accessible? Order 14. It is not accessible? Order 15. It is your off-street parking accessible?
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