

City of Chicago



O2014-5050

Office of the City Clerk Document Tracking Sheet

Meeting Date:

6/25/2014

Sponsor(s):

Foulkes (15)

Type:

Ordinance

Title:

Handicapped Parking Permit No. 19136 - remove

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 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:

"West 44th Street

at No. 1620 Permit No. 19136."

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

Applicant / Bill Jinkins

TONI L. FOULKES Alderman, 15th Ward



City of Chicago Richard M. Daley, Mayor

Department of Revenue

Bea Reyna-Hickey Director

City Hall, Room 107 121 North LaSalle Street Chicago, Illinois 60602 (312) 744-0512 (312) 744-2303 (FAX) (312) 744-2975 (TTY)

http://www.cr.chi.il.us

DISABLED PERMIT PARKING REMOVAL APPLICATION

EXCEPT FOR DISABLED PERMIT NUMBER: (Please print or type.) NAME OF DISABLED INDIVIDUAL: (Please print or type.) REMOVAL LOCATION OF DISABLED PARKING SPACE REQUESTED: (Please print or type current sign location address.) CHICAGO, ILLINOIS (ZIP CODE) (PHONE NUMBER) REASON FOR REMOVAL: (PHONE NUMBER) (W or V plate) ILLINOIS VEHICLE LICENSE NUMBER: (Secretary of State) CERTIFICATION: THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE: (Signature of Applicant)
NAME OF DISABLED INDIVIDUAL: BILLINOIS DISABLED PARKING SPACE REQUESTED: (Please print or type current sign location address.) CHICAGO, ILLINOIS (ZIP CODE) (PHONE NUMBER) REASON FOR REMOVAL: DECEMSE D ILLINOIS VEHICLE LICENSE NUMBER: (W or V plate) ILLINOIS DISABLED PLACARD NUMBER: (Secretary of State) CERTIFICATION: THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE: WHAT A MANUAL WANTED
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BEST OF MY KNOWLEDGE: While Wards
BEST OF MIT KING WEEDGE.
BEST OF MIT KING WEEDGE.
FORWARD THIS COMPLETED APPLICATION TO YOUR ALDERMAN.
APPLICANT: DO NOT WRITE BELOW THIS LINE
ALDERMANIC CERTIFICATION:
(Alderman Signature) 72 f /aw
(Alderman Signature) To flam
(Ward) (Date)
AFTER APPROVAL, THIS APPLICATION IS TO BE FORWARDED TO COUNCIL SERVICES, BY THE ALDERMAN, AT THE TIME THE DISABLED SIGNS REMOVAL



ORDINANCE IS INTRODUCED

