



City of Chicago



O2014-5057

Office of the City Clerk

Document Tracking Sheet

| | |
|---------------------------------|---|
| Meeting Date: | 6/25/2014 |
| Sponsor(s): | Zalewski (23) |
| Type: | Ordinance |
| Title: | Handicapped Parking Permit No. 77793 - remove |
| Committee(s) Assignment: | Committee on Pedestrian and Traffic Safety |

**Committee on Pedestrian and Traffic Safety
City Council Meeting
June 25, 2014**

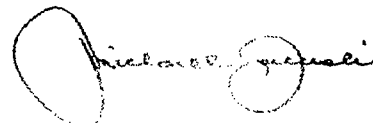
OVER RIDE

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

SECTION 1. That an ordinance heretofore passed by the City Council prohibited parking of vehicles at all times on portions of designated streets, be and the same is hereby amended by striking therefrom, the following:

**“5239 S. Kostner Ave. ” No. 5239 S. Kostner Ave.
Permit # 77793
Maria Magana**

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

A handwritten signature in black ink, appearing to read "Michael R. Zalewski", is written over a horizontal line.

**Michael R. Zalewski
Alderman, 23rd 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) 747-4747 (IRIS)
(312) 744-0471 (FAX)
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<http://www.ci.chi.il.us>

DISABLED PERMIT PARKING REMOVAL APPLICATION

FOR SIGN REMOVAL REGARDING PROHIBITED PARKING

EXCEPT FOR DISABLED PERMIT NUMBER 77793
(Please print or type.)

NAME OF DISABLED INDIVIDUAL: MARIA MAGANA

REMOVAL LOCATION OF DISABLED PARKING SPACE REQUESTED:

5239 S. KOSTNER
(Please print or type current sign location address.)

CHICAGO, ILLINOIS (ZIP CODE) _____ (PHONE NUMBER) _____

REASON FOR REMOVAL: MOVING

ILLINOIS VEHICLE LICENSE NUMBER: _____
(W or V plates)

ILLINOIS DISABLED PLACARD NUMBER: _____
(Secretary of State Disabled Placard)

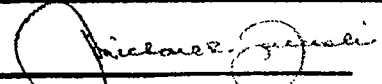
CERTIFICATION: THE ABOVE INFORMATION IS CORRECT TO THE
MR. MAGANA +

BEST OF MY KNOWLEDGE: JERRY. MULVIHILL
(Signature of Applicant)

FORWARD THIS COMPLETED APPLICATION TO YOUR ALDERMAN.

APPLICANT: DO NOT WRITE BELOW THIS LINE

ALDERMANIC CERTIFICATION:


(Aldermanic Signature)
23 6-11-14
(Ward) (Date)

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

