



Office of the City Clerk

City Hall
121 N. LaSalle St.
Room 107
Chicago, IL 60602
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Legislation Details (With Text)

File #: O2011-1999
Type: Ordinance Status: Passed
File created: 3/9/2011 In control: City Council
Final action: 5/4/2011
Title: Handicapped Parking Permit No. 77479
Sponsors: Harris, Michelle A.
Indexes: Handicapped
Attachments: 1. O2011-1999.pdf

Table with 5 columns: Date, Ver., Action By, Action, Result. Rows show actions on 5/4/2011, 5/3/2011, and 3/9/2011.

DISABLED PERMIT PARKING

REMOVAL APPLICATION
FOR SIGN REMOVAL REGARDING PROHIBITED PARKING
EXCEPT FOR DISABLED PERMIT NUMBER.

(Please print/or type.) NAME OF DISABLED INDIVIDUAL: /1A\W\ S ^- Gf- 6)1/W/V REMOVAL
LOCATION OF DISABLED PARKING SPACE REQUESTED:

S'dOK vS- Clycl& flvfne

( Please print or type current sign location address.) CHICAGO, ILLINOIS (ZIP CODE). (PHONE NUMBER),
REASON FOR BKMOVAL: f)eC&(X^J\_

NAME AND ADDRESS OF PERSON CURRENTLY BEING BILLED FOR ANNUAL SIGN
MAINTENANCE FEE: \_; :\_

(Please provide information only if billing information differs.) 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
BEST OF MY KNOWLEDGE:\_

(Signature of Applicant) FORWARD THIS COMPLETED APPLICATION TO YOUR ALDERMAN.
APPLICANT: DO NOT WRITE BELOW THIS LINE

ALDERMANIC CERTIFICATION:
(AJdermanic Signature)

g\$ 3/3|//

(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.