



Office of the City Clerk

City Hall
121 N. LaSalle St.
Room 107
Chicago, IL 60602
www.chicityclerk.com

Legislation Details (With Text)

File #: O2021-4797
Type: Ordinance **Status:** Passed
File created: 10/25/2021 **In control:** City Council
Final action: 4/27/2022
Title: Handicapped Parking Permit No. 112917 - remove
Sponsors: Reboyras, Ariel
Indexes: Handicapped
Attachments: 1. O2021-4797.pdf

Date	Ver.	Action By	Action	Result
4/27/2022	1	City Council	Passed	
4/21/2022	1	Committee on Pedestrian and Traffic Safety	Recommended to Pass	
10/25/2021	1	City Council	Referred	

Council Meeting October 25, 2021 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 the parking of vehicles at all times on portions of specified streets, be and the same is hereby amended by striking therefrom, the following:

North Ridgeway Avenue at No. 2973 [Handicap Permit No. 112917]

30thA/ard Alderman

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

Office of the City Clerk

The following pages were submitted to the Office of the City Clerk as part of this legislative document. The pages are not viewable on the public website or other-public reports because they contain personal information not suitable for publication. The pages are considered a redacted portion of the entire legislative document.

Office of the City Clerk | City of Chicago | 17J. North LaSalle Street. Room 1070 (Chicago, IL 60607).
773-687-7000 | cityclerk@cityofchicago.org

DISABLED PERMIT PARKING REMOVAL APPLICATION

FOR SIGN REMOVAL REGARDING PROHIBITED PARKING EXCEPT FOR DISABLED
PERMIT NUMBER

(Please print or type)

NAME OF DISABLED INDIVIDUAL: _____ & CL _____ U05-REMOVAL LOCATION OF
DISABLED PARKING SPACE REQUESTED (Please print or type current sign location address)
CHICAGO, ILLINOIS (ZIP CODE) (PHONE NUMBER).

REASON FOR REMOVAL: _____

ILLINOIS VEHICLE LICENSE NUMBER;

ILLINOIS DISABLED PLACARD NUMBER:

(Secretary of State Disable 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

(Aldermanic Signature)

30 / ^ ? M

(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