

8. Current Permanent Disabled Placard	Registered to		Relationship to Applicant
ii	i		
9. Current License Plate Number	Registered to	City Sticker No.	Relationship to Applicant
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10. Description of Medical Condition and Disability

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 YES NO (i.e., garage, car port, driveway, etc.)?

12. If you answered Yes to question 11, please describe: Garage; Driveway; Car Port; Other:

13. Is your off-street parking accessible? Yes; No. Please explain: /Vaf- R-^flC^l

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.

Signature

FOR OFFICE USE ONLY

FEE PLACARD/PLATE RESIDENCY COMPLETE