



Office of the City Clerk

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

Legislation Details (With Text)

File #: O2011-519
Type: Ordinance **Status:** Passed
File created: 1/13/2011 **In control:** City Council
Final action: 3/9/2011

Title: Handicapped Parking Permit No. 43516

Sponsors: Stone, Bernard

Indexes: Handicapped

Attachments:

Date	Ver.	Action By	Action	Result
3/9/2011	1	City Council	Passed	Pass
3/8/2011	1	Committee on Traffic Control and Safety	Recommended to Pass	Pass
1/13/2011	1	City Council	Referred	

JANUARY 13, 2011 CITY COUNCIL

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

SECTION 1. That an ordinance submitted to the City Council (introduction date unknown) prohibiting the parking of vehicles at all times on portions of designated streets, be and the same is hereby amended by striking therefrom, the following:

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

ADDRESS: PERMIT #:

REQUESTED BY: REASON:

2308 W. Granville, Apt. IE 43516

Sabreen Al Joumayly Individual moved

BERNARD L. STONE Alderman, 50th Ward

DEC-16-2010(THU) 20:56

City of Chicago Richard M. Daley, Mayor

Department of Revenue

Bti Keyna-Hickey Director

City Hall, Room 107 121 North LaSalle Street Chicago, Illinois 60602 (312) 747-4747 (IRIS) ■ (312) 744-0471 (FAX) (312) 744-2575 (TTY)

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DISABLED PERMIT PARKING REMOVAL APPLICATION

FOR SIGN REMOVAL REGARDING PROHIBITED PARKING EXCEPT FOR DISABLED PERMIT NUMBER

(Please print or type, j

NAME OF DISABLED INDIVIDUAL: ^cJb Y?j>^ A it^ REMOVAL LOCATION OF DISABLED PARKING SPACE REQUESTED:

(Please print or type current sign location address.)

CHICAGO, ILLINOIS (ZIP CODE) _____ (PHONENUMBER) 77?-7^- °& ^ REASON FOR REMOVAL:
^ a^xu^

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: fWiM. jj>M f^AA (j^

j (Signature of Applicant)

FORWARD THIS COMPLETED APPLICATION TO YOUR ALDERMAN. APPLICANr: DO NOT WRITE
BELOW THIS LINE ALDER^IIANIC CERTIFICATION:

(Aldermanic Signature

(Ward

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(Date)

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