



Office of the City Clerk

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

Legislation Details (With Text)

File #: O2011-1501
Type: Ordinance Status: Passed
File created: 3/9/2011 In control: City Council
Final action: 4/13/2011
Title: Handicapped Parking Permit No. 69164
Sponsors: Hairston, Leslie A.
Indexes: Handicapped
Attachments: 1. O2011-1501.pdf

Table with 5 columns: Date, Ver., Action By, Action, Result. Rows show actions from City Council and Committee on Traffic Control and Safety.

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APPLICATION FOR DISABLED PARKING SIGNS 59 ■, 64
PLEASE READ THE FOLLOWING CAREFULLY BEFORE COMPLETING THE FORM

An application will not be considered complete unless:
• All lines of the application have been completed in full.
A check or money order for \$70.00 made payable to the City of Chicago is submitted with the application. Please note: The application fee shall be waived for any person holding a valid, current driver's license.
• Disability must be demonstrated as evidenced by a copy of your valid driver's license submitted at the time of application;
Proof of residency, in the form of a copy of your driver's license, state identification, or utility bill, is required at the time of application.
Completed application forms may be returned to the office of your alderman, any City of Chicago facility, or via mail at P.O. Box 803100, Chicago, IL 60680-3100. ATTN: Disabled Person Section A S2S.00. An annual fee will be billed to you annually. Should you have questions or concerns please call 773-443-7444 (72751).

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*. Applicant Last Name Title
5. Home Address (permanent residence)
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6 Address where signs will be posted
7. Phone Numbers Home ; Business

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\..HI-^i+-369 f-ftZ&c*;
Alternative Parking 1 to use not: you in application only.
In the case of off-street parking available at your primary residence (i.e. garage, etc.) do not attach a copy of the deed.

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■.i)> -!M : :f' ir.>»

14. AKirmsHon: I hereby ttfirm thai the above information is. true and corroci. 11 iho Dtv o! Cr^i w.\ ;_1 >."i;n:v--i ...! i.....

•hat the applicant has 'aisely represented one or mo'o of lhe above conditions, the applicant sh.ill Vie. r*ul>|i,-r;; u,... imr r- r,c.: if.r.«. f 00 but no more than \$000. and ihe application shall be denied. 1 also understand thai it * ritsoonsiWitv 1 r«Mi!>. :: Onsa'in---Revenue o' any changes in the information provided *

Signature

FOR OFFICE USB^QNLV V, Q>\.^Ct' & '(' > X

JTFEE J PLACARD/PLATE ^.^RESIDENCV J COMPLETE ^-7/ ,