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6. Address where signs will be posted

STREET NUMBER
STREET NAME
, WARD NUMBER

7. Phone Numbers

Home

Business

"7

✓

7

8. Current Permanent Disabled Placard Number

fc fe H1Q57

Registered to

Relationship to Applicant

V- R(

9. Current License Plate Number

4 GG /

Registered to

City Sticker No.

Relationship to Applicant

"Kijana Sefe

n7^M3/ L'ncoln Ave ^77j

? rnW^ typical Center

(fo.pescftption of Medical Condition and Disability /

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r °Wc,. M.6

ivo N Lincoln Ave iicago, IL 60625

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Alternative Parking: Please note your applicatfon may-be denied'if you have aferattve'acBesQiBS off-street parking options

11. Is there off-street parking available at your primary-residence Bf^ES 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? SfYes; No. Please explain:

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

Date

FOR OFFICE USE ONLY

FEE PLACARD/PLATE RESIDENCY COMPLETE

Jesse White - Secretary of State

04-2Z-09

NUMBER ' ISSJED

SI62-5004-6120 09-1.5-04

KEMAL SEFERAC5IC 6656 N SEELEY-AVE CHICAGO IL 60645 .

SSr-S^Sb,' BLUE Eyes Restrictions Type Class.

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Jan. Feb. Mar. Apr. May June