



Office of the City Clerk

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

Legislation Details (With Text)

File #: O2011-498
Type: Ordinance **Status:** Passed
File created: 1/13/2011 **In control:** City Council
Final action: 3/9/2011
Title: Handicapped Parking Permit No. 41097
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 by the City Council (introduction date unknown) prohibiting parking of vehicles at all times on portions of designated streets, be and the same is hereby amended by striking therefrom, the following:

Handicapped 7410 N. Washtenaw Ave.
Permit No. 41097

Requested by: Family of Deceased
Applicant: Frances Solomon
Deceased

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

JIE TQO oa^J IU 917735837B2J Y .U&M

City of Chicago Richard M. Daley, Mayor
Department of Revenue
Bea Reyna-Hickey Pirccior
City Hall, Room 107 121 North LaSalle Street Chicago, Illinois 60602 (312) 747^747 (IRIS) • (312) 744-0471 (FAX) (312) 744-2975 (ITY)
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BUILDING CHICAGO TOGETHER .

**DISABLED PERMIT PARKING
REMOVAL APPLICATION
FOR SIGN REMOVAL REGARDING PROHIBITED PARKING
EXCEPT FOR DISABLED PERMIT NUMBER M IQ^H**
(Please print or type.)

NAME OF DISABLED INDIVIDUAL; VOrvC^C.e.^

orr\oT\

REMOVAL LOCATION OF DISABLED PARKING SPACE REQUESTED:

(Please print or type current sign location address.)

CHICAGO, ILLINOIS (ZIP CODE) hQUS^fPHONE NUMBER) ^ ~ % b %k REASON FOR REMOVAL:

Qp.CPCVS, -e, A_

ILLINOIS VEHICLE LICENSE NUMBER: P ft 7^.

(W or V plates)

ILLINOIS DISABLED PLACARD NUMBER: P)Q ^Q^1^

(Secretary of State Disabled. Placard)

CERTIFICATION: THE ABOVE INFORMATIONS CpRRECT TO THE

y (Signature of Applicant) ~ ~ \^>V C**y

BEST OF MY KNOWLEDGE:

(Signature of Applicant) FORWARD THIS COMPLETED APPLICATION TO YOUR ALDERMAN.

APPLICANT: DO NOT WRITE BELOW THIS LINE

ALDERMANIC CERTIFICATION:

r.

(Aldermanic Signature

(Ward)

mature)

/*7"

(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