



Anthony Gambino Manager of Parking  
cc: Mayor's Office for People with Disabilities  
Mir. 8. 20'  
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Jo. 9317

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s: Address where signs will be posted

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8, Currant PB«Ti\_noi,i Oisi<Wetl Pi<icar<t Nu;riher I  
An application will r>oi be considered complete unlsf  
• All lines of th& application have been completed in lull;  
• A check or money order for \$70.00 made payable to trw City of Chicago Is submitted as payment of the application fee; Ptoaso n<5is: The application tee snail be waived for any parson holding a valid, -current clloaWod vatoranx rjlatfi  
» Disability must be permanent as evidenced by a copy of your valid disabled placard and/c current vahicit; reflwlfslion wbiroUiK) at the time of applicator.  
• Proof of recidency. In 'ha form of a copy o» your drivers license, state identification, or irtity bilte are submitted al Ihp time of application  
Cflmplate- applclflion.forms jnay be returned to: the office of your alderrhan, any City of Chicago Department of ftewnui? factory, or via mail at P.p.' 8c« 803100, Chicago, IL 8068r>3t0f), ATTN: Disabled PermMlhg Section, A \$25.00 ntlntorwnw-fee will be billed to you annually, Should you ha ve questions'or concerns, please call our permit processing, division -at 312-744-PAP1K (727\$)..

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1. Data of Birth  
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4. ApptiCRnt Last Name j Mi | first Nskto  
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a Current Ucarteo Pistp Numbr  
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Rflgiatered to.  
City Stjchar No.

Befatioriship to Applicant

10. Description of Medical Condition and Disability  
Airemai\*vo Parking: Please nolo your application may be cfeni\*>rt if vou have allomativa newssjWe off^stretot perking options.

11. la thero off-str«e» parking avaitaoje at your primary residence (i.o i s/arag\*\*, car pott, driveway, etc,)7 \_\_\_

12 Jfyou anniarad Vos w question 1.1.; please claeerlbe;

yes Quo

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13. ^ourorf-straoi parking accoeslble? Yaa;  No, P(6t«o explain:

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I<i. AMirrntttiori: I hereby a!Rm» that th« above information tsirua and correct. 11 lh« City ol Chicago Department of Hevonue <jo>miin«6 that the applicant hae tptaaly wprasomed one or more of the abovu condiforts, tha applicant shall be subject to a flr>e of no', toss than St00 but no more than (500, and the appfcailon stiall bo denied. > also understand thai It is my responsibility to notify irit- Department ol Ravanua of any cheripos in thn )nfor>naiior< p'ovidod.  
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