



Office of the City Clerk

City Hall
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Room 107
Chicago, IL 60602
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Legislation Details (With Text)

File #: O2011-2004
Type: Ordinance Status: Passed
File created: 3/9/2011 In control: City Council
Final action: 5/4/2011
Title: Handicapped Parking Permit No. 1229
Sponsors: Harris, Michelle A.
Indexes: Handicapped
Attachments: 1. O2011-2004.pdf

Table with 5 columns: Date, Ver., Action By, Action, Result. Rows show dates 5/4/2011, 5/3/2011, and 3/9/2011 with corresponding actions like 'Passed', 'Recommended to Pass', and 'Referred'.

DISABLED PERMIT PARKING

REMOVAL APPLICATION
FOR SIGN REMOVAL REGARDING PROHIBITED PARKING
EXCEPT FOR DISABLED PERMIT NUMBER

(Please print or type.)

NAME OF DISABLED INDIVIDUAL:

REMOVAL LOCATION OF DISABLED PARKING SPACE REQUESTED:

(Please print or type current sign location address.) CHICAGO, ILLINOIS (ZIP CODE) (PHONE NUMBER). REASON FOR REMOVAL:.

NAME AND ADDRESS OF PERSON CURRENTLY BEING BILLED FOR ANNUAL SIGN MAINTENANCE FEE: ;

(Please provide information only if billing information differs.) 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: ;

(Signature of Applicant)

FORWARD THIS COMPLETED APPLICATION TO YOUR ALDERMAN.

APPLICANT: DO NOT WRITE BELOW THIS LINE

ALDERMANIC CERTIFICATION: ;

(Aldermanic Signature)

(Ward) (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.