



Deputy Director Department of Revenue  
Enclosure: Disabled Signs Application  
ne:

APPLICATION FOR DISABLED PARKING 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 as application fee; Please note: The application fee shall be waived for any person holding a valid, current disabled veterans plate.
- Disability must be permanent as evidenced by a copy of your valid disabled placard and/or current vehicle registration: submitted at the time of application;
- Proof of residency, in the form of a copy of your drivers license, state identification, or utility bills are submitted at the time of application.

Completed application forms may be returned to: the office of your alderman, any City of Chicago Department of Revenue facility, or via mail at P.O. Box 803100, Chicago, IL 60680-3100, ATTN: Disabled Permitting Section. A \$25.00 maintenance fee will be billed to you annually. Should you have questions or concerns, please call our permit processing division at 312-744-PARK (7275).

1. Date of Birth

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2. State Identification Number

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3. Drivers-License Number

4. Applicant Last Name

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First Name

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5. Home Address (primary residence)

STREET NUMBER DIR. STREET NAME  
STREET NUMBER DIR. STREET NAME

6\o\≤S\| MaW Ib|oilvvL4I IIIv^IPIM^

| ZIP CODE

6. Address where signs will be posted

STREET NUMBER DIR. STREET NAME  
, WARD NUMBER

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7. Phone Numbers

Home

Business

Vi o i a J

8. Current Permanent Disabled Placard Number

Registered to

ILLi^Ja\^

Relationship to Applicant  
9. Current License Plate Number  
Registered to

**LL\ajo\s <file:///LL/ajo/s>**

City Sticker No.  
Relationship to Applicant

10. Description of Medical Condition and Disability .

Alternative Parking: Please note your application may be denied if you have alternative accessible off-street parking options.

11. Is there off-street parking available at your primary residence  YES . (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?  Yes; 3hlo. 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 repj^ssntettTjne-T^f^mrye of the above conditions, the applicant shall be subject to a fine of nof less than \$100 but no more than \$500<a"fid the application shaiTbe denied. I also understand thai it is my resposibility to notify the Department of Revenue of any changes/n the information provided. \

\_\_\_\_\_  
Signature

**Date / / ID**

**FOR OFFICE USE ONLY**

PLACARD/PLATE /m RESIDENCY

**.Vre**

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