



Office of the City Clerk

City Hall
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Legislation Details (With Text)

File #: O2011-1056
Type: Ordinance **Status:** Passed
File created: 2/9/2011 **In control:** City Council
Final action: 3/9/2011
Title: Handicapped Parking Permit No. 74230
Sponsors: Olivo, Frank
Indexes: Handicapped
Attachments: 1. O2011-1056.pdf

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	
2/9/2011	1	City Council	Referred	

74230

APPLICATION FOR DISABLED PARKING SIGNS 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 payment of the 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

4. Applicant Last Name

3. Drivers License Number

MI | First Name

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5. Home Address (primary residence)

STREET NUMBER

W

STREET NAME

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| ZIP coos

6. Address where signs will be posted

STREET NUMBER | DIR. | STREET NAME

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T. Phone Numbers Home .

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Business

8. Current Permanent Disabled Placard Number

h HOW'S

f)

Registered to

Relationship to Applicant

sap _____

B. Current License Plate Number

Registered to

City Sticker No.

Relationship to Applicant

3eTp

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 (i.e., garage, car port driveway, etc.)?

I. YES NO

12. If you answered Yes to question 11, please describe:

garage; Driveway; Car Port; Other:

13. Is your off-street parking accessible? Yes;

marking accessible No.

Please explain: ft) Q £ft f \ Q (/Jfl | K

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

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FOR OFFICE USE ONLY

A FEE

PLACARD/PLATE

RESIDENCY