Legislation Details (With Text)

File #:	O2011-830		
Type:	Ordinance	**Status:**	Failed to Pass
File created:	2/9/2011	**In control:**	City Council
		Final action:	4/13/2011
Title:	Handicapped Parking Permit No. 77395		
Sponsors:	Cardenas, George A.		
Indexes:	Handicapped		
Attachments:	1. O2011-830.pdf		

Date	Ver.	Action By	Action	Result
4/13/2011	1	City Council	Failed to Pass	Fail
4/6/2011	1	Committee on Traffic Control and Safety	Recommended Do Not Pass	Pass
2/9/2011	1	City Council	Referred	

APPLICATION FOR DISABLED PARKING SIGNS PLEASE READ THE FOLLOWING CAREFULLY gEFORE COMPLETING THE FORM

77395

An application will not reconsidered 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
MO _ DAY

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2. State Identification Number
3. Drivers License Number
4. Applicant Last Name
MI
First Name

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5. Home Address (primary residence)
STREET NUMBER

I IB 1515 |

STREET NAME

IH.

ZIP CODE
6. Address where signs will be posted
STREET NUMBER urn. a I net I injmivie .

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STREET NAME
. WARD NUMBER
7. Phone Numbers
Home

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Business
8. Current Permanent Disabled Placard Number
Registered to

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Relationship to Applicant

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9. Current License Plate Number

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Registered to

9*

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.
□'YES □ NO
11.1s there off-street parking available at your primary residence (i.e., garage, car port, driveway, etc.)?
12. If you/answered Yes to question 11, please describe: C-^darage; □ Driveway; □ Car Port; □
Other:
13.1s your off-street parking accessible?
□ Yes; Q^. Please explain: 7JJ fVp ft jp\nr*T& CWi VTS VTtV i nc\ud$d unf^V /TIP)
14. Affirmation: I hereby affirm that the above inforrn^iion 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 *&<|/|fl Q\X\iOp0»*
Date

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FOR OFFICE USE ONLY
□ FEE □ PLACARD/PLATE □ RESIDENCY □ COMPLETE

Untitled
enero/06/2011
Yo Angel Zamudio les rento un apartamento a Ruben Hernandez y Bertha Quiroga los padres de Osyaldo Hernandez ubicado en el 2535 w 46th pi en Chicago II 60632.
Ellos no tienen derecho a usar el garage por lo tanto tienen que buscar estacionamiento en la calle, cualquier pregunta llamar al numero 773) 708-7344 por la tarde gracias.
Angel Zamudio

OFFICIAL SEAL JUDTTH V RODRIGUEZ
***Uf COMMQSON EXWRE8:12«)rt3 ***
Subscribed and sworn to mt>

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at Chicago, County of Cook, Stale of Illinois.

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