



# Office of the City Clerk

City Hall  
121 N. LaSalle St.  
Room 107  
Chicago, IL 60602  
www.chicityclerk.com

## Legislation Details (With Text)

**File #:** O2011-538  
**Type:** Ordinance  
**File created:** 1/13/2011  
**Status:** Passed  
**In control:** City Council  
**Final action:** 2/9/2011  
**Title:** Handicapped Parking Permit No. 71018  
**Sponsors:** Harris, Michelle A.  
**Indexes:** Handicapped  
**Attachments:**

Date	Ver.	Action By	Action	Result
2/9/2011	1	City Council		
1/13/2011	1	City Council	Referred	

### **MEMORANDUM FOR TRAFFIC REGULATIONS OVERRIDE PROHIBITION AGAINST PARKING (Except for the Handicapped):**

**Street, etc:**  
**East 83<sup>rd</sup> Street**

**Location, etc:**  
**No. 1136 A**  
**(Permit No. 71018)**

**Distance or extent:**

**Hours:**  
**at all times**

**Days:**  
**no exceptions**

**WAYNE GILES**

**MICHELLE A. HARRIS^ Alderman, 8th Ward**

### **APPLICATION FOR DISABLED PARKING SIGNS PLEASE READ THE FOLLOWING CAREFULLY BEFORE COMPLETING THE FORM**

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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, Department of Revenue, is submitted with 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

2. State Identification Number

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3. Drivers License Number

4. Applicant Last Name

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MI

First Name

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5. Home Address (primary residence)

STREET NUMBER DIR. STREET NAME  
bIHfcbI NUMbIH UIH. SIHbtl NAMt, -i \_

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6. Address where signs will be posted

STREET NUMBER DIR. STREET NAME  
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., WARD NUMBER

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Business - Q, Q1-is

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7. Phone Numbers

7I7i3T

Home

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8. Current Permanent Disabled Placard Number ht< / Registered to . Relationship to Applicant

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9. Current License Plate Number

i  
i Registered to City Sticker No. Relationship to Applicant  
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10. Description of Medical Condition and Disability

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Alternative Parking: Please no~te~your application may be defied 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.)?

☐ 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; JS^No. 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 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 ohanges in the information prided.

Signature .

Date

FOR OFFICE USE ONLY

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**VERRIDE**

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