



# Office of the City Clerk

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

## Legislation Details (With Text)

**File #:** O2011-194  
**Type:** Ordinance                      **Status:** Passed  
**File created:** 1/13/2011              **In control:** City Council  
**Final action:** 3/9/2011  
**Title:** Handicapped Parking Permit No. 69639  
**Sponsors:** Olivo, Frank  
**Indexes:** Handicapped  
**Attachments:**

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	Pass
1/13/2011	1	City Council	Referred	

BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF CHICAGO:  
SECTION 1. That an ordinance passed by the City Council prohibiting the parking of vehicles at all times except Handicapped #69639 be and the same is hereby further amended by striking there from the following: "West 56<sup>th</sup> Place" "No. 3937 - Handicapped"  
SECTION 2. This ordinance shall take effect and be in force hereinafter its passage and publication.

Frank J. Olivo Alderman, 13<sup>th</sup> Ward  
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## DISABLED PERMIT PARKING

REMOVAL APPLICATION  
FOR SIGN REMOVAL REGARDING PROHIBITED PARKING EXCEPT FOR DISABLED PERMIT NUMBER 69639  
NAME OF DISABLED INDIVIDUAL:  
( Please print or type.) CLEOTILDE MARTINEZ  
REMOVAL LOCATION OF DISABLED PARKING SPACE REQUESTED: 3937 WEST 56TH PLACE  
( Please print or type current sign location address.)  
CHICAGO, ILLINOIS (ZJP CODE) 60629 (PHONE NUMBER) \_  
REASON FOR REMOVAL: DECEASED  
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: ^jy^Jl ^ 0 ^vi  
(Aldermanic Signature) 13 1/13/11  
(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