



# Office of the City Clerk

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

## Legislation Text

File #: O2011-179, Version: 1

MEMORANDUM FOR TRAFFIC REGULATION  
PROHIBITION AGAINST PARKING (Except for the Disabled)  
Applicant Name: RONALD MARCINIAK  
Primary Street Address: 6402 S LONG, CHICAGO, IL 60638  
Location Signs to be Posted: 6402 S LONG  
Permit Number: 77264  
Hours: At all times  
Days: No Exceptions  
ALDERMAN FRANK OLIVO, Ward 13  
4

### FRANK OLIVO

Alderman, 13th Ward 6500 S. Pulaski Road - 60629 Telephone: (773) 581-8000

### CITY COUNCIL

CITY OF CHICAGO

COUNCIL CHAMBER

SECOND FLOOR, CITY HALL 121 NORTH LASALLE STREET

TELEPHONE: (312) 744-3076

COMMITTEE MEMBERSHIPS

AVIATION - COMMITTEES RULES and ETHICS FINANCE

LICENSE and CONSUMER PROTECTION BUDGET TRAFFIC CONTROL and SAFETY ZONING

January 4, 2011

Honorable Patrick O'Connor Chairman

Committee on Traffic Control and Safety 121 N. LaSalle Street, Room 300 Chicago, IL 60602

Dear Chairman O'Connor:

I wish to override the following application for handicapped parking signs:

6402 S. Long - #77264

Your assistance with this matter will be greatly appreciated. If you have any questions, please call Shari Knight at (773) 581-8000.

With kindest personal regards, I remain

Sincerely,

Frank J. Olivo Alderman, 13<sup>th</sup> Ward

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77264

### APPUCATION FOR DISABLED PARKING SIGNS PLEASE READ THE FOLLOWING CAREFULLY BEFORE COMPLETJNGJITJE^ORM

An application will not be considered complete unless: -^j- ^->-v-vJ^ <r|

• 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.

\*7Please note: The application fee shall be waived for any person holding a valid, current disabled veterans plate •y 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; JI-^|~^ u-^A^<|^CjL-u^xr-"i 0 f~7: 1 < 7)

" /submitted at the time of application; J^~^J>^ j^^S^AjsIX\*-\*\*-^-.^ G /> • //Proof of residency, in the form of a copy of your drivers hcnse>state identification, or utility bills are submitted at the \J time of application. , Q \_

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

3. Drivers License Number

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4. Applicant Last Name

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First Name

5. Home Address (primary residence)

[>IH I STREET NAME

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6. Address where signs will be posted

STREET NUMBER LXH I STREET NAME A

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7. Phone Numbers

Home

Business

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8. Current Permanent Disabled Placard Number

9. Current License Plate Number

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Registered to

Registered to

City Sticker No.

Relationship 10 Applicant

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Relationship to Applicant

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10. Description of Medical Condition and Disability

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

J YES T?NO

11. Is 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:

J Garage: J Driveway; J Car Port; J Other:

13. Is your off-street parking accessible? n /

☐ Yes: AW Please explain: <Tt£ £77?,c fe^ /r \V\ ^/, - r, f

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 falsefy 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

**FOR OFFICE USE ONLY**

-I FEE

PLACARD/PLATE

RESIDENCY

COMPLETE