Office of the City Clerk

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

Legislation Text

File #: O2011-1983, **Version:** 1

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Mar 09 2011  4:17PM
HP  LASERJET FRX
773-523-8440
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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 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

3. Drivers License Number

4. Applicant La3t Name

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First Name

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5. Home Address (primary residence)

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6. Address where signs will be posted

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WARD NUMBER

7. Phone Numbers

Home

111 I3T'0I7-RT^I)

Business

B. Current Permanent Disabled Placard Number

Registered to Roy?.*- Bf^i-V-Vrrrx

Relationship to Applicant D* A_

9. Current License Plate Number

Registered to

City Sticker No.

Relationship to Applicant
10 Description of Medical Condition and Disability

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Alternative Parking: Please note your application may be denied if you riave 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   J5j NO
12. If you answered Yes to question 11, please describe:
□ Garage;   □ Driveway;   □ Car Port;   □ Other:
13. Is your off-street parking accessible? □ Yes;   £1 No Please explain: -^^-^ ri*-r   ™   v^»«v ^
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 ot not less than $100 but no more tnan $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.
Revenue of any changes in the information provided.

urn

Date
3-7-11

FOR OFFICE
E ONLY
□ FEE
□ PLACARD/PLATE
□ RESIDENCY
□ COMPLETE
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773-523-8440

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Healthcare Programs for Families

Case ID Number
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Eligibility Periods^^fe:-^>^^^^^^y^^:;!^;r:d
03-01-11
Through
03-31-11
CASELOAD:
902
BRITT0N, SARAH
3316 S WESTERN AVE # 1
CHICAGO.   IL 60608-6005
No copays for children under age   19 or pregnant women. No cqpays for generic
prescriptions, lab, radiology,   emergency or family planning services.   Adult copays are $2
for certain types of medical   visits,   up to $3 per day for certain types of Inpatient
hospital stays and $3 for brand name prescriptions.
MfS 4B9KC IR-4-OS)
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773-523-8440
REMOVE BEFORE VEHICLE IS IN MOTION. THIS PLACARD IS NOTTRANSFERABLE. IT IS ILLEGAL TO COPY OR DUPLICATE THIS

PLACAHD.

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