



# Office of the City Clerk

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

## Legislation Text

File #: O2011-1624, Version: 1

### APPLICATION FOR DISABLED PARKING SIGNS 77756 PLEASE READ THE FOLLOWING CAREFULLY BEFORE COMPLETING THE FORM

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

SMO- \_/\_ DAY  
YEAR/

2. State Identification Number

3. Drivers License Number

**^{\h0\O\p-17\!^V'A^0/S**

4. Applicant Last Name

MI

First Name

5. Home Address (primary residence)

STREET NUMBER DIR. STREET NAME\_  
| ZIP CODE

6. Address where signs will be posted

STREET NUMBER | DIR. | STREET NAME  
STREET NUMBER | DIR. | STREET NAME  
, WARD NUMBER

7. Phone Numbers

Home

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Business

Registered to

Relationship to  
Applicant

8. Current Permanent Disabled Placard Number

**(b& 30 3#5"**

9. Current License Plate Number

Registered to

City Sticker No.

Relationship to Applicant

10. Description of Medical Condition and Disability s-j

Alternative Parking: Please note your application may be denied 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;  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 changes in the information prdvjded. (-j*

Signature

Date

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