



# Office of the City Clerk

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

## Legislation Details (With Text)

**File #:** O2014-5038  
**Type:** Ordinance  
**File created:** 6/25/2014  
**Status:** Passed  
**In control:** City Council  
**Final action:** 7/30/2014  
**Title:** Handicapped Parking Permit No. 19081 - remove  
**Sponsors:** Beale, Anthony  
**Indexes:** Handicapped  
**Attachments:** 1. O2014-5038.pdf

Date	Ver.	Action By	Action	Result
7/30/2014	1	City Council	Passed	Pass
7/23/2014	1	Committee on Pedestrian and Traffic Safety	Recommended to Pass	
6/25/2014	1	City Council	Referred	

### BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF CHICAGO:

**SECTION 1.** That an ordinance heretofore passed by the City Council prohibiting parking of vehicles at all times on portions of designated streets, be and the same is hereby amended by striking therefrom, the following:

"South State Street  
at No. 12121  
Permit No. 19081."

**SECTION 2.** This ordinance shall take effect and be in force upon its passage and publication.

**Alderman, 9th Ward**

**Applicant / Ruby Walton**

!

City of Chicago Rahm Emanuel, Mayor

Department of Revenue

Bca Rcyna-Hickey Director

City Hall, Room 107 121 North LaSalle Street Chicago, Illinois 60602 (312)747-4747 (IRIS) (312)144-0471 (FAX) (312) 744-2975 (TTY)

<<http://www.ci.chi.ill.us>>

## DISABLED PERMIT PARKING REMOVAL APPLICATION

JfM.

FOR SIGN REMOVAL REGARDING PROHIBITED PARKING  
(Please

EXCEPT FOR DISABLED PERMIT NUMBER  
srint or type)

NAME OF DISABLED INDIVIDUAL: f0\OOfy

REMOVAL LOCATION OF DISABLED BARKING SPACE REQUESTED (Please print or type current sign  
location address)

CHICAGO, ILLINOIS (ZIP CODE) (pQ^tfu (PHONE NUMBER)

REASON FOR REMOVAL: \AxPCWT^T V\ftlW^

ILLINOIS VEHICLE LICENSE NUMBER: ..

ILLINOIS DISABLED PLACARD NUMBER:

i (Secretary of State Disable Placard)

CERTIFICATION: THE ABOVE

INFORMATION IS CORRECT TO THE

BEST OF BY KNOWLEDGE: '

(Signature of Applicant) FORWARD

THIS COMPLETED APPLICATION TO YOUR ALDERMAN APPLICANT: DO

NOT WRITE BELOW THIS LINE

Idermanic Signature)

ALDERMANIC CERTIFICATION

( Date)

1"

(WWd)

AFTER APPROVAL, THIS APPLICATION IS TO BE FORWARDED TO COUNCIL SERVICES, BY THE ALDERMAN, AT THE TIME THE DISABLED SIGN REMOVAL ORDINANCE IS INTRODUCED