

## Office of the City Clerk

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

## Legislation Details (With Text)

File #: O2019-3991

Type:OrdinanceStatus:Failed to PassFile created:5/29/2019In control:City Council

**Final action:** 9/18/2019

Title: Handicapped Parking Permit No. 117243

**Sponsors:** Silverstein, Debra L.

Indexes: Handicapped

**Attachments:** 1. O2019-3991.pdf

Date	Ver.	Action By	Action	Result
9/18/2019	1	City Council	Failed to Pass	
9/10/2019	1	Committee on Pedestrian and Traffic Safety	Recommended Do Not Pass	
5/29/2019	1	City Council	Referred	

#### MEMORANDUM FOR TRAFFIC REGULATIONS

### PROHIBITION AGAINST PARKING (Except for the Handicapped):

#### North Campbell Avenue

No. 6738 (Permit No. 117243)

Distance or extent:

at all times

**DOLORES A. RICCARDO** 

File #: O2019-3991, Version: 1

#### Alderman, 50th Ward

# APPLICATION FOR DISABLED PARKING SIGNS 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 lor 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, state issued medical card, or the following utility bills: Peoples Gas, ComEd, or City of Chicago water bill 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 Finance 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).

YFAR

1 Date of Birth

fill\*I/LAA/L < file:///LAA/L>

- 4 Applicant Last Name
- 3. Drivers License Number

First Name

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5 Home Address (primary residence) \* STREET NUMBER DIR STREET NAME

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File #: O2019-39	991, <b>Version:</b> 1										
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10 Current Licens	e Plate Number"of Veh	nicle that will	be								
parked in the space	ce: PQ										
Relationship to Ap	oplicant So ,J										
11 Does the regist	tered owner of the vehi	cle reside at	the address	of the ap	plicant?						
12 Provide	a Description of	Medical	Condition	and	Disability	/Jn-k^l	hs 2	21	Permane	nt d	lisability
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THE AUTHORIZED HOLDER MUST BE PRESENT AND MUST ENTER OR EXIT THE VEHICLE AT THE TIME THE PARKING PRIVILEGES ARE BEING USED. UNAUTHORIZED USE MAY RESULT IN A \$500 FINE AND SUSPENSION OF DRIVER'S LICENSE AND/OR REVOCATION OF THE PLACARD.

## **PERMANENT**

## **EXPIRES THE LAST**

**DAY OF:** 

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