



Office of the City Clerk

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

Legislation Details (With Text)

File #: O2011-67
Type: Ordinance
File created: 1/13/2011
Status: Passed
In control: City Council
Final action: 3/9/2011
Title: Handicapped Parking Permit No. 73636
Sponsors: Burnett, Jr., Walter
Indexes: Handicapped
Attachments:

Date	Ver.	Action By	Action	Result
3/9/2011	1	City Council	Passed	Pass
3/8/2011	1	Committee on Traffic Control and Safety	Recommended to Pass	Pass
1/13/2011	1	City Council	Referred	

City Council Meeting January 13,2010

MEMORANDUM FOR T RAFFIC REGULATION PROHIBITION AGAINST PARKING (esi:ep< for the disable)

NAME APPLICANT:

PRIMARY STREET ADDRESS: LOCATION SIGNS 10 BE POSTED: PERMIT: HOURS:

BETTY F.TABBWALKER

343 W. OLD TOWN COURT 1211 N.SEDGWICK 73«36 ALL

DAYS:

ALL

Walter Burnett Jr, Alderman, 27th ward

APPLICATION FOR DIS/.BLED PARKING SIGNS PLEASE HEAD THE FOLLOWING CAREFULLY BEF<)R E COMPLETING THE FORM

73636

An application will not be considered corr 5let> unless.

- All lines of the application have been :orr pleted in full;
- A check or money order for \$70.00 rr ade payable to the Please note; The application feu shal be waived for any
- . Disability must be permanent a;; evid >nc< o by a copy of submitted at the time of application;

Proof of residency, in (he form of a c< py < f your drivers li::ens2, state identification, or utility bills ai'e.:\$ubrnitted.a! the time of application.

Z'ny of Chicago is submitted as payment of the application fee; aerson holding a valid, current disabled veterans plate, /our valid disabled placard and/or current vehicle registration

Completed application forms may be retu nec to: the ofdc« o facility, or via mail at P.O. Box 8031 DO, C licaijo, IL 60680-31 fee will be billed to you annually. Siould /ou have question:: 744-PARK (7275).

your alderman, any City of Chicago Department of Revenue :>0, PTTN' Disabled Permitting Section. A \$25.00 maintenance or cjncerns, please call our permit processing division at 312-

.1 'V

Date of Birth

MO PAY

4. Applicant Last Name

2. Str le Ic entification Numi

J_LJILLIJ

L_L

er

iL. L.

3. Drivers License Number

I/ 4 Iff I £1^1 9 \rO \¥*?\t\<£ '

First Name

1

5 Home Address (primary residence)

STREET NUMBER DIR. STKEET NAME

3W3\ \u\ 1 V\ I 1 dj i \ e\ \v\ .fl\

6. Address where signs will be posted

STREET NUMBER | IJIR STHEE! NAME

7. phone Numbers Home-^

.Li.ll <http://Li.ll>.

1ZI» CODE i.\o\ (e\ m

•itfieiern mim

BI siness

S ft X\ 3 I 9 \n i n " 1 6 JJL

8. Current Permanent Disabled Placart Numl er

ft 6c 07 #1%

9. Current License Plate Number

rifle g-l-6?.

WAHO NUMBijrt

%n 1

Fiegistered to

Registered to

City Slicker No.

Relationship to Applicant

Relationship to Applicant

10. Description of Meoical Condition and Disal ility

^OQ* i \ 'fjL tl^

Alternative Parking: Please note your applicat >n may be denied il,;,>u rawe alternative accessible off-street parking options.

IjifYES ☐ NO

11. Is there off-street parking available ,it your pnrrary residence (i.e.. garage, car port, driveway, etc)[? ____

12.11 you answered Yes to question 11, pleasi describe:

S3 Garage; ☐ Driveway; ☐ Oar Pel; ☐ IJ Other:

13.1s your off-street parking accessible ^ ☐ Yes; ☐ No Please explain:

H, Affirmation: I hereby affirm tnaí the above info mation is irue ard correct. If the Ciíy ol Chicago Department of Revenue determines that ihe applicant has falsely represented one or r iore ol the above cone itions, the applicant shall be subject to a line of not less than \$100 but no more than \$500. and the applica ion : hall be denied. I :ilsc understand that it is my responsibility to notify the Department of Revenue of any changes in th9 inlonration p avid id.

Signature,.(

Date.

FOR OFFICE USE ONLY

☐ FEE

PLACARD/PLATE

☐ RESIDENCY

☐ U COMPLETE