

Legislation Details (With Text)

File #:	O2011-179				
Туре:	Ordinance		Status:	Passed	
File created:	1/13/2011		In control:	City Council	
			Final action:	2/9/2011	
Title:	Handicapped Parking Permit No. 77264				
Sponsors:	Olivo, Frank				
Indexes:	Handicapped				
Attachments:					
Date	Ver.	Action By	Actio	on Result	
2/9/2011	1	City Council			
1/13/2011	1 City Council Referred				
Primary Street Address: 6402 S LONG, CHICAGO, IL 60638 Location Signs to be Posted: 6402 S LONG Permit Number: 77264 Hours: At all times Days: No Exceptions ALDERMAN FRANK OLIVO, Ward 13 4 FRANK OLIVO					
CITY COUNCIL CHAMI SECOND FLOOR, CIT TELEPHONE: (312) 7. COMMITTEE ME AVIATION - COMMIT LICENSE and CONSU January 4, 201 Honorable Path Committee on Dear Chairmar I wish to overrie 6402 S. Long - Your assistanc Shari Knight at With kindest pe Sincerely,	CIL SO BER TY HAL 44-307 MBEF TEES F JMER F 1 rick (Traff n O'C de th #77: e wit (773 ersor	RSHIPS RULES and ETHICS FINANCE PROTECTION BUDGET TRAFFIC D'Connor Chairman ic Control and Safety 1 Connor: le following application 264 h this matter will be gr	T C CONTROL and SAF 121 N. LaSalle for handicapp	Street, Room 300 Chicago, IL 60602	all

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APPUCATION FOR DISABLED PARKING SIGNS PLEASE READ THE FOLLOWING CAREFULLY BEFORE COMPLETINGJITJE^ORM

An application will not be considered complete unless: -^j- ^->-v-vJ^ <r

• All lines of the application have been completed in full; •""*A check or money order for S70.00 made payable to the City of Chicago is submitted as payment of the application fee.

*7Please note: The application fee shall be waived for any person holding a valid, current disabled veterans plate •y disability must be permanent as evidenced by a copy of your va[id disabled placard and/or,current vehicle/registration submitted at the time of application; $JI-^{1}-^{-1}$ $u-^{-\wedge\wedge}<|A'CiL-u'-xr-''i| 0 f-7$; 1 < 7)

'/submitted at the time of application; hcense>state identification, or utility bills are submitted at the \J time of application., Q_

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 13. Drivers License Number

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4. Applicant Last Name

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First Name 5. Home Address (primary residence) [>IH | STREET NAME STREET NUMBER DIH | STREET NAME - n |

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6. Address where signs will be posted STREET NUMBER LXH | STHEET NAME A

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7. Phone Numbers Home Business

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8. Current Permanent Disabled Placard Number
 9. Current License Plate Number

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 Registered to

 Registered to

 Cily Sticker No.

 Relationship 10 Applicant

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 Relationship to Applicant

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10. Description of Medical Condition and Disability

Alternative Forking: Please note your application may be denied if you have alternative accessible off-street parking options J YES T?NO

11. Is there off-street parking available at your primary residence (i.e., garage, car port, driveway, etc.)?

12 If you answered Yes to question 11, please describe:

J Garage: J Driveway; J Car Port; J Other:

13. Is your off-street narking accessible? n /

 \Box Yes: AW Please explain: $\langle T_L \pounds \pounds 77? \rangle_C$ fe^A /r _{/yV fl} ^A/,- r, f

14. Affirmation: I hereby affirm that the above information is true and correct. If Ihe City of Chicago Department of Revenue determines that the applicant has falsefy 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 provided.

Signature .

Date

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