



Office of the City Clerk

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

Legislation Details (With Text)

File #: O2011-299
Type: Ordinance
File created: 1/13/2011
Status: Passed
In control: City Council
Final action: 3/9/2011
Title: Handicapped Parking Permit No. 56038
Sponsors: Lyle, Freddrenna
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	

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 Eberhart Avenue at No. 8106
Permit No. 56038"

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

Applicant / Yvonne Falconer

FREDDRENNA M. LYLE Alderman, 6th Ward

City of Chicago Richard M. Daley. Mayor
Department of Revenue
Huhli P. Murphy Director
City Hall, Room 107 121 North LaSalle Street Chicaao, Illinois 60602 1312)744-6146 1312)744-0471 (FAX) (312)744-2975 (TTY)
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NEIGHBORHOODS DISABLED PERMIT PARKING

REMOVAL APPLICATION

FOR SIGN REMOVAL REGARDING PROHIBITED PARKING ' EXCEPT FOR DISABLED PERMIT NUMBER

Hi

(Please print or type.)

NAME OF DISABLED INDIVIDUAL: _____
SPACE REQUESTED: _____

(Please print or type current sign location address.) CHICAGO, ILLINOIS (ZIP CODE _____) (PHONE NUMBER) _____
REASON FOR REMOVAL: _____

NAME AND ADDRESS OF PERSON CURRENTLY BEING BILLED FOR ANNUAL SIGN MAINTENANCE FEE: _____
(Please provide information only if billing information differs.)

ILLINOIS VEHICLE LICENSE NUMBER _____

(W or V plates)

ILLINOIS DISABLED PLACARD NUMBER _____

(Secretary of State Disabled Placard)

CERTIFICATION: THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE: _____

(Signature of Applicant) FORWARD THIS COMPLETED APPLICATION TO YOUR ALDERMAN. APPLICANT: DO NOT WRITE BELOW THIS LINE ALDERMANIC CERTIFICATION:

(Ward)

(Date)

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