



Office of the City Clerk

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

Legislation Details (With Text)

File #: O2011-378
Type: Ordinance
File created: 1/13/2011
Status: Passed
In control: City Council
Final action: 3/9/2011
Title: Handicapped Parking Permit No. 16769
Sponsors: Thompson, JoAnn
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 Paulina Street at No. 5411

Permit No. 16769."

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

Applicant / Etta McMurray

JO ANN THOMPSON Alderman, 16th Ward

01-13-11;11:40AM;
; 7734343889 # 2/
i-oia r.vvi/Wir-J>wi

Oty of Chicago Richard M. Daley, Mayor

Departaient of Reroute

DeaR«y«»-H)ckey Director

Ciiy Hall. Room C07A. 121 N«rthL»S»)lc Street Chicago, nJin6isS0602-U88 (312) 747-4747 (IRIS) (312) 74<<«W71 (FAX) (312) 74«?75 fTTIO

hirp//www.dtyofchiaso.ors <http://www.dtyofchiaso.ors>

DISABLED PERMIT PARKING REMOVAL APPLICATION

< FOR SIGN REMOVAL REGARDING PROHIBITED PARKING

EXCEPT FOR DISABLED PERMIT NUMBER Ibl £9_

(Please print or type)

NAME OF DISABLED INDIVIDUAL: £ffe Tty'-Wtyft&qA/

--<--r' ~

REMOVAL LOCATION OF DISABLED PARKING SPACE REQUESTED

(Please print or type current sign location address) CHICAGO, ILLINOIS (ZIP CODE) (PHONE NUMBER)

REASON FOR REMOVAL: J^bd ^rs^

ILLINOIS VEHICLE LICENSE NUMBER:

ILLINOIS DISABLED PLACARD NUMBER: D ^PJ^f &

(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

(Aldermanic Signature)

Jb.

(Ward)

1

(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