



Office of the City Clerk

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

Legislation Details (With Text)

File #: O2011-555
Type: Ordinance
File created: 1/13/2011
Status: Passed
In control: City Council
Final action: 3/9/2011
Title: Handicapped Parking Permit No. 63390
Sponsors: Suarez, Regner Ray
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 January 13, 2011

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 there from, the following:

"West Altgeld" at No. 5040

Permit No. 63390

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

RAY SUAREZ Alderman, 31st Ward

City of Chicago Richard M. DaJey, Mayor

Department of ReveDue

Bea Keyna-Hickey Director

City Hall, Room 107 121 North LaSalle Street Chicago, Illinois 60602 (312) 747-4747 (IRIS) (312) 744-0471 (FAX) (312) 744-2975 (TTY)

<<http://www.ci.chi.il.us>>

DISABLED PERMIT PARKING REMOVAL APPLICATION

FOR SIGN REMOVAL REGARDING PROHIBITED PARKING

EXCEPT FOR DISABLED PERMIT NUMBER fc?3^Q ____

(Please print or type.)

NAME OF DISABLED INDIVIDUAL: ~~fcf\j ort-AqP iZoLq Q REMOVAL LOCATION OF DISABLED PARKING SPACE REQUESTED:

_S" _>VO _/J. hcTAMd _____

(Please print or type current sign location address.)

CHICAGO, ILLINOIS (zip code) ^Ok r^PHONE number)^__

REASON FOR REMOVAL: A^Gl/ is^Cj

ILLINOIS VEHICLE LICENSE NUMBER:

(\V or V plates)

ILLINOIS DISABLED PLACARD NUMBER:

1 Secretary of State Disabled Placard > CERTIFICATION: THE ABOVE INFORMATION IS CORRECT TO THE
BEST OF MY KNOWLEDGE: *flgfl&rtftO j CLP* _____

(Signature of Applicant)

FORWARD THIS COMPLETED APPLICATION TO YOUR ALDERMAN.

^PLICA^ THIS LINE

ATDF^M^WC^rzSTIF^nC^

(AMen_iaH.c Signature)

(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