



# Office of the City Clerk

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

## Legislation Details (With Text)

**File #:** O2011-808  
**Type:** Ordinance  
**Status:** Failed to Pass  
**File created:** 2/9/2011  
**In control:** City Council  
**Final action:** 4/13/2011  
**Title:** Handicapped Parking Permit No. 77402  
**Sponsors:** Cardenas, George A.  
**Indexes:** Handicapped  
**Attachments:** 1. O2011-808.pdf

Date	Ver.	Action By	Action	Result
4/13/2011	1	City Council	Failed to Pass	Fail
4/6/2011	1	Committee on Traffic Control and Safety	Recommended Do Not Pass	Pass
2/9/2011	1	City Council	Referred	

Feb 04 2011  
773-523-8440

77402

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>application for disabled parking signs **Please read the following carefully -4ep6re completing the form**

application will not be considered complete unless:   
1. All lines of the application have been completed in full;   
2. A check or money order for \$70.00 made payable to the City of Chicago is submitted as payment of the application fee;   
Please note: The application fee shall be waived for any person holding a valid, current disabled veterans plate.

- Disability must be permanent as evidenced by a copy of your valid disabled placard and/or current vehicle registration submitted at the time of application;
- Proof of residency, in the form of a copy of your drivers license, state identification, or utility bills are submitted at the time of application.

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).

i. Date of Birth MO DAY YEAR 2. State Identification Number 1 1 3. Olivers License Number *giai^Thiaid*  
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*ln~^|3|^|o;*

4. Applicant Last Name *iQohdmIfIUni* 1 1 First Name *poisie* 1 1 1 M

5. Home Address (primary residence)  
STREET NUMBER

**3HL517**

STREET NAME 11

i zip code

**MI Mil I I 11 1 I, I 1 I**

6. Address where signs will be posted of. OoWdWi 3\*VG~7 1\*3 7»SrtX> SWeeV  
/\*STREET NUMBER I OIF. I STREET NAME Z3 «""W«»»-|

**U\*'A^ Lclae+A^ ^iu.i etn.rVU.uUi <http://etn.rVU.uUi>**

**iuI J I I 1M31**

7. Phone Numbers      '      Home Business

**01 O | a | K lo**

**i La**

8. Current Permanent Disabled Placard Number

**3 IS**

WARD NUMBER

Registered to

Relationship to Applicant

Registered to

{\*. Current License PlateN umber

City Sticker No.

Relationship to Applicant

10. Description of Medical Condition and Disability

Alternative Parking: Please note your application may be denied if you have alternative accessible off-street parking options.

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

JSfcYES    ☐ NO

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

☐ Garage;    ☐ Driveway;    ☐ Car Port;    ☐ Other

13. Is your off-street parking accessible? Of Yes;    ☐ No. Please explain:

14. Affirmation: I hereby affirm that the above information is true and correct. If the City of Chicago Department of Revenue determines that the applicant has falsely 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 \$50Q^twd tin-anfflicaiaon shall be denied. I also understand that it is my responsibility to notify the Department of Revenue of any chanp>»1ntne informartorT^lyovided.

Signature

Date

**A-H-g**

**FOR OFF1**

☐ PLACARD/PLATE    ☐ RESIDENCY

☐ COMPLETE

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**DRIVER'S LICENSE,**

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p.3

JOSE GUZMAN

3457 W 38TH ST CWCAGO.U. 60632-3303

Registration 10: 53480592 PIN: 7102

**2011 Illinois Registration identification Card**

Jesse White, Illinois Secretary of State

ERT210/31/10:99:2513:99.00 EFT W-25B095 1K9567294 R 1011

Vehicle Year 1999

Vehicle Mfg

CHRYSLER

Weight or CC's

Axles

Body Style 4 DOOR

Leased/Rented Unit Number

Drivers License Numbers) or FEIN(e) G25542074349

Renewal Fee Due 99.00

2C3H046J4XH739168

Application Type

PERSON WITH DISABILITIES

File Number

County COOK

103

Expiration Date October 31, 2011

Plate Number W-25909S

Form Number: 114451577

This Identification Card must be carried at all times in those vehicles designed to carry more than 10 persons, or to pull or carry property, freight, or cargo; those that are designed or used for living quarters, and school buses (625 ILCS 5.3-416). If you travel outside Illinois, you may be required to exhibit this vehicle registration identification card as proof of ownership.

**STICKER INSTRUCTIONS**

*PLACE THIS VALIDATED DECAL ON YOUR REAR LICENSE PLATE*

1. Clean the license plate by removing all dirt, wax and tar.
2. Wipe dry.
3. Place renewal sticker on top of last year's sticker. Press firmly.

CAUTION: After sticker has been applied, it cannot be removed without destroying it.

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Please provide mandatory Insurance Information below.