



# Office of the City Clerk

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

## Legislation Details (With Text)

**File #:** O2011-810  
**Type:** Ordinance  
**File created:** 2/9/2011  
**Status:** Passed  
**In control:** City Council  
**Final action:** 3/9/2011  
**Title:** Handicapped Parking Permit No. 77509  
**Sponsors:** Thompson, JoAnn  
**Indexes:** Handicapped  
**Attachments:** 1. O2011-810.pdf

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
2/9/2011	1	City Council	Referred	

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## APPLICATION FOR DISABLED PARKING SIGNS READ THE FOLLOWING CAREFULLY BEFORE COMPLETING THE FORM

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77509

An application will not be considered complete unless: ■ All lines of the application have been completed in full;

• 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 60660-3100. 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).

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1. Date of Birth  
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2. State Identification Number

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4. Applicant Last Name

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3. Drivers Liconse Numbar

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MI

First Name

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S. Home Address (pttmary residence)

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•& Address where signs will be posted

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f§ EMinA\* Ui n-twfcw Home

7.1 Phone Numbers

•717 13 I WI I 16 – 1 I / !«/

8. Current Permanent Disabled Placard Number

9. Current License Plate Number

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Registered to

City Sticker No.

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Relationship to Applicant

Relationship to Applicant

lb:Desct1ptjon of Medical Condition and Disability . ^ / MtemelNie Parking: Please note your application may bo denied If you have alternative accessible off-street parWrrj'opiions

«ML-Is there off-street parking available at your pnmai residence &YES ☐ NO (I.a.. garage, ear port, driveway. etc.)7\_\_

12. If you answered Yes to question 11, please describe: Hreamge: ☐ Driveway: ☐ Car Pott: ☐ Other

13.4s- your otJ-etreet parking aoQaaalblaT

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14. Affirmation: I hereby affirm that the above information Ifirue and correct, II 1he\*City of Chicago Department of Revenue determines tfiarine applicanttiae falsely represented one or more of the above conditions, the applicant snail be sut>lect to a fine of not less man \$100 but no more thanSSOO. and the application shall be denied, I also understand that it is my responsibility to notify the Dopartmoni of Revenue of any change\* In the Information provided.

Signature

Date.

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☐ COMPLETE A^Q^A

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PLACARD/PLATE

ESIDENCY

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**City of Chicago Richard M. Daley, Mayor**

Department of Revenue

Bca Rcyna-Hiecky Director

City Hall, Room 107A 121 North LaSalle Street Chicago, Illinois 60602-1288 (312) 747-4747 (IRIS) (312) 744-0471 (FAX) (312) 744-2975 (TH)

bt tp^/www.cityofchicago.org <http://www.cityofchicago.org>

January 19, 2011

ALDERMAN JOANN THOMPSON WARD 16

5335 S WESTERN AVENUE CHICAGO, IL 60609

Dear ALDERMAN THOMPSON:

The Department of Revenue received a request for disabled parking signs to be posted in your ward. The application has been reviewed and a survey of the location has been conducted. The Department cannot recommend the application.

Provided is the name and address of the applicant, the proposed location of the signs, and the Department's reason for not recommending the application.

Applicant's Name: IGNACIO OREJE Applicant's Address: 2117 W 49TH PLACE

Reason Not-Recommended: ALTERNATIVE ACCESSIBLE PARKING Explanation: GARAGE AT LOCATION

Appeals must be filed within ten (10) days. Appeal requests must be made in writing and state reasons to support a request for a review. Appeals may be directed to the Mayor's Office for People with Disabilities (MOPD), Disabled Parking Signs Appeal. City Hall. Room 104, 121 N. LaSalle St., Chicago, IL 60602. A decision regarding an appeal will be made within thirty (30) days of the request. Applicants are notified by mail of the final decision.

Should you have any questions or require additional information, please contact our office at 312.742.7434.

Very truly yours,

Anthony Gambino Manager of Parking

cc: Mayor's Office for People with Disabilities