



Office of the City Clerk

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

Legislation Details (With Text)

File #: O2011-818
Type: Ordinance
Status: Passed
File created: 2/9/2011
In control: City Council
Final action: 3/9/2011
Title: Handicapped Parking Permit No. 77274
Sponsors: Maldonado, Roberto
Indexes: Handicapped
Attachments: 1. O2011-818.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	

Jan 28 2011 5:57PM
HP LASERJET FRX

7733950146
page 2
77274

APPLICATION FOR DISABLED PARKING SIGNS PLEASE READ THE FOLLOWING CAREFULLY

BEFORE COMPLETING THE FORM

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 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-PAFK (7275).

t. Date of Birth
MO _ UAY
VEAH

on io i2> 11 \h

2. State Identification Number

z\i\o\m\on inTnimv

3. Drivers License Number

VI£121012 1* 10 I7lw 1 71« 1^

4. Applicant Last Name

Viaisiqiftie.i?,

lrr
MI
First Name

mrii'isieidhai

5. Home Address (primary residence)
STREET NUMBER DW. STREET NAME

31315 131 mifclvlfclrlQirlftieifl

fi Adirojta where skins will bs nnsled
ZIP CODE

I I I I lfcl0lfcl.fl/ <http://lfcl0lfcl.fl/>

6. Address where signs will be posted
STREET NUMBER Om. STREET NAME

:*>I3I5I3 1 Mlflulfelcklrlftlftlrlt

7. Phone Numbers unnm*

J_L
WARD NUMBER
Home
Business

I i2.

8. Current Permanent Disabled Placard Number

Registered to

Relationship to
Applicant

9. Current License Plate Number *QJi<z*

Registered to

City Sticker No. *SI* Relationship to Applicant

<ks|

2 £

10. Description of Medical Condition and Disability fl I si I I

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

☐ YES ☐ NO

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

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

☐ Garage: ☐ Ortvevay: ☐ Car Port: ☐ Other:

13. Is your off-street parking accessible? ☐ 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 \$500, and the application shall be denied. I also understand that it is my responsibility to notify the Department of Revenue of any changes in the information provided.

Signature

Date

III 22/anil

FOR OFFICE USE ONLY

rn ccc

n pi ariABrvPi atf

i RFRinpwnY

Q COMPI FTF

Jan 26 2011 5:57PM

HP LASERJET FAX

7733950146

page 3

Chicago Public Schools Principal Dr. Rusty Bumette Report of Student Progress

Jacqueline 8 Vaughn Occupational High 2010-2011 School Year

ff^?0", ,, . " ' Quarter 1 Progress Report

4335 N. Linder Ave,
Chicago, IL 60641

Vasquez, Delilah c/o Ms. Grisella Vasquez 3353 W EVERGREEN AVE Chicago, IL 60651
09/13/2010

'~\n
This is a report on how Delilah Vasquez is doing in his/her classes for the Quarter 1 Progress Report. There is still time to make improvements in his/her grades. The success of your child is a cooperative effort. If you have any questions or concerns, please call the school at 773-534-3600 and tell the office staff that your child is in Homeroom N/A and they will connect you to his/her counselor. Sincerely,

Dr. Rusty Bumette
Principal

ID#: 37097462 Homeroom. N/A

			■Jtm .	Taacfcae ■	Orad*	Standard Commanta ••' •.	jAJtndsri ca
n	QBfJ	01171	SEMINAR 1	. Teoaitte	A	It mealing course standards	2
pi	S	13142	WORLD LITEI.	Kroger	B	It rneating courea standards	2
P7	s	»S12	UNITED STA1.	Zbaraz	A	It meeting course standards	2
Pi/a	s	40042	INTEG MATH.	Troyke	A		2
P3	s	7191S	Computer Info.	Slsnia	A	Outsiandjno/Hiariry motivated	1
Pt	s	91S32	ART 111-31S.	IngrarTig	A	Is wen organized and prepared	2

Days Absent:

2
Jan 26 2011 5:57PM
HP LASERJET FAX
7733950146
page 4

:57PM HP LASERJET FAX
7733950146
page 5

'■ PPOUDIVSf-nvING
lvehfy rri-AUTiffNiiciivo; rt«s™u fi-tonc sra.mwryimwwr
<C0S WEST NO FTTH AVE. - CHICAGO, LUKCX3 50039 PHONE: (773) 772*100
CH:SK IWCKGP.r-Uftt.' Affi-A Ci IANCES r.8i fff! fIRADUALIY FROM TPP TO 60TTGM.!

No. 02458

11/22/201D
REPUBLIC SANK OAK BROOK. ILLINOIS

&._?? ^<^ar> I \$75

Pay to the onoeopf _____
P_lri_B_-Nc „_vd UUst Or Stein Net V_d On WO ♦ Fn \$8.7310458 AM
_L

wo t too-: qs_oooo--i.qa>

7733950146

Jan 26 2011 5:57PM

HP LASERJET FRX

7733950146

page 7

oono<>3-

|||||

160528075

Healthcare Programs for Families

ftBd&S

Case ID Number

9*

237

22

BX9180

Elinrbility Period

ii-oi-io Through n_3°-

10

CASELOAD: 923

VASQUEZ, CAI SELLA .353 W EVERGREEN AVE CHICASO, IL 60651-2308

No copays for children under age 19 or pregnant women. No copays for generic prescriptions, lab, radiology, emergency or family planning services. Adult copays are \$2 for certain types of medical visits, up to \$3 per day for certain types of Inpatient hospital stays and \$3 for brand name prescriptions.

HFS 46--C »-4-t>«) J>-II0II» 4,478-0234

Jan 26 2011 5:58PM HP LASERJET FAX

7733950146

page 8

|l 1-01-70 BigjtHUtYJ»ariod 11-3Q-1Q | £

Ctt0 ID94 237 22

Number: _

BX9

ASQUE-, CRISSELLA '-

353 W EVERGREEN AVE CHICAGO. It_

ONLY THE FOLLOWING PERSONS ARE ELIGIBLE

I

QRI SELLA VASQUEZ

MEDICAL DELILAH VASQUEZ

MEDICAL *****-*****-***^

TOTAL NUMBER OF ELIGIBLE PERSONS: 2

ID/: 080671365. DOB:07-03-7* ID#:1800834. 5 008:02-24-92

ALL KIDS ASSIST/FAMILYCAR E ASSIST/MOMS * BABIES

OOT 10*32

-Please see front of card for important information-

rat*

Thursday, January 21, 2011

To Whom it may concern,

My Name is Rami Suleiman the owner of the property at 3353 W. Evergreen in Chicago, IL. Grisella Vasquez is my tenant at the building. I would like to request a handicap spot in front of my building for my tenant's daughter Oellah Vasquez. Grisella does not have a garage access in the building to park, her vehicle, it is important for her have a parking spot in front of the building. If you have any questions you can contact me at my cell 708-997-4252.

City of Chicago Richard M. Daley, Mayor

December 16, 2010

Department of Revenne

Bcs Reyna-Hiekey Direcior

DELILAH G VASQUEZ 3353 W EVERGREEN CHICAGO, IL 60651

City Hall. Room 107A 121 North LaSalle St rwrt

Dear Applicant:

Chicago, Illinois 60602-1288

(312) 747-4747 (IRK) (312) 744-0471 (FAX) (312) 744-2975 (TTY)

The Department of Revenue received your request for disabled parking signs. The application was reviewed and a survey of the location was conducted. The Department cannot recommend the application.

The Department's reason for not recommending the application is:

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 us at (312) 742-7434.

Very truly yours,

AntKbny Gambino Manager of Parking