Legislation Details (With Text)

File #:	O2011-824		
Type:	Ordinance	**Status:**	Passed
File created:	2/9/2011	**In control:**	City Council
		Final action:	3/9/2011
Title:	Handicapped Parking Permit No. 78138		
Sponsors:	Balcer, James		
Indexes:	Handicapped		
Attachments:	1. O2011-824.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	

City of Chicago Richard M. Daley, Mayor
Department of Revenue
Hugh P. Murphy Director
CiiyHall, Room 107 121 North LaSalle Street Chicago, Illinois 60602 (312)?'W-6I46 (3l2)7'M-047l (FAX) (312)744-2975 (TTY)
hup^/vww.ci.chi.il.ui

BUI OUNf. CHICAGO TOGETHER

DISABLED PERMIT PARKING

REMOVAL APPLICATION
FOR SIGN REMOVAL REGARDING PROHIBITED PARKING
EXCEPT FOR DISABLED PERMIT NUMBER "f^ir Jlg
(Please print or type.)
*NAME OF DISABLED INDIVIDUAL: Ag cta A **
REMOVAL LOCATION OF DISABLED PARKING SPACE REQUESTED:
1HQH S. Kernc-H-
(Please print or type current sign location address.) CHICAGO, ILLINOIS (ZIP CODE) botiUt (PHONE NUMBER)
REASON FOR REMOVAL: ^ ,r, & o~ S^nl
NAME AND ADDRESS OF PERSON CURRENTLY BEING BILLED FOR ANNUAL SIGN MAINTENANCE FEE:
7 ¥t» V $* ^^<tai^^
(Please provide information only if billing information differs.)
ILLINOIS VEHICLE T .TCENSE NUMBER: ^f-/^ 3 ^
(W or V plates)
ILLINOIS DISABLED PLACARD NUMBER: ^ /2266>_
(Secretary of State Disabled Placard)
CERTIFICATION; THE ABOVE INFORMATION IS CORRECT TO THE
BEST OF MY KNOWLEDGE: An+£. /JZ.^^*
(Signature of Applicant)

FORWARD THIS COMPLETED APPLICATION TO YOUR ALDERMAN.
APPLICANT: DO NOT WRITE BELOW THIS LINE
ALDERMANIC CERTIFICATION:
(AJdermaiuc 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.

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FEMALES
^OATE.9P0EATH.VC..;J;'
-li;jUNE 22; 20l6 '|
COUNTY OF DEATH^!^|H:^^r! AGE AT. LAST BIRTHDAY^Ue ^]j'^Syj-7i^A^'Ui'^i.-. /:MTE-OFjBIRTH;^WrM^^i1i-^^L^llilc:!>-:
IvCOOK • '^i' ." ••87*YEARS'- -.v^teM^! Wi;" :.'^ANUARY'Oi; 1923v^^;:V'^^^K -:iJ-
CITY, OR TOWN V.
- OAK LAWN
HOSPITAL OR OTHER INSTITUTION NAME'!•*•.;***•■'•>/•'.w£-:~?;;V?-Vv:f;V
CHRIST HOSPITAL & MED CNTR v-^:- ^r^,:'^
PLACE OF DEATH • , " INPATIENT

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BIRTHPLACE-- 'V
' BOBO. MS .
SOCIAL SECURITY NUMBER 337-20-4920 " '■
MARITAL STATUS AT,TIME OR,DEATH
WIDOWED ' ■'■'■'K ■ ■■
■SURVIVING SPOUSE^S NAME|:;il/.g;■ ,^(jg
_.-.lj;iTO,vBrt
iEVER IN U.S. ARMED.:
rjpRCES? .NO' i
RESIDENCE
■7404'S BENNETT
•APT. NO.. . -
HOUSE:! '
CITY OR TOWN'.
•CHICAGO
INSIDE CITY LIMITS? , I
I COUNTY ••• • •.. ^ ,• - i !'*COOK-:f-'-'-:^?V^
STATE i\

mom

ZIP CODE- . ! 60649 W
tFather'S name' I" v^ftsS&Sin. :i.£S '< ^T?iPRY' PATTERSON .--:T'>
.-.MOTHER'S NAME TOIORTOFIRSTMARRIAGE |- i
^•MAMIE5HUFF#^#^yi.^#«-3»^^" i- i ■
INFORMANTSNAME??(j^j^'.:· AY^'l'fjJl^'-i't-ljfS
^'sarah^illiamsc; ••• ^"-^f
RELATIONSHIPS
•DAUGHTER

SHIRS!

jMAILINGADDRESS^rJl^v:;;^^^
•r'-7404 S B E N N ETT, C HICAGO, :It;'60649' '•<*
METHOD.OF DISPOSITION.'./'!' .
Sli BURIAL •■ """V"
:f^CE'0F DISPOSITION^? & ^ LINCOLN CEMETERY^>■■'":' •• ":*
LOCATION V CITY OR-TOV/N APOSTATE 4
"CHICAGO! IL'*; :: •"•> :
^OAte^F^Spqs#K)N;S;:^^^ "JUNE 29; 2010 " '
FUNERALHOME ?J**)^S.:\XA" ⁰ '
!$DOT^NASH:FUNERAL:HOMEiLTD^ ^^W^t^^^nw;:;^.
LOCAL REGISTRAR'S;NAME-ij!-'>f.'v.V^^
^DAVID-ORR^Sf^^*^
£ DATE'Fte D WW L^CAL*^ ■
CAUSE OF DEATHjJ;tjV:PART:^ |IMMED^E'CAul^^

pli!?ili«|rM^;
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DID TOBACCO USE:CONTRIBUTE;TO DEATH?c©j;^
TEMALE PREGNANCY STATUS
^ NOT APPLICABLE?!
"NATURAL'?"?' ~-: V'*"-#' T:
■DATE^OF^NJURYSVv^iSWW^^
•TIMEOBINJURY;:. ip-ys.rj[1]
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^as;)^!MlVe}^ine^
^CORONER c'0NTACTED?5f NOS fiifi r
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CERTIFIER^S-^|§9;|^^pgH^t:^^
^tPHYSICIAN^-.^^:-*^^^??^
riSATECERTIFIED^ii^SgS ^! I Lb;j;^!
I^E/App^ESSANP'ilp'cPP^OFj^ ^PJHYSICIAN!.SoLICENSE;NyMBER^V,'~-f
^AkH^MR^We|b'^|?i54^
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