



Office of the City Clerk

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

Legislation Details (With Text)

File #: O2011-826
Type: Ordinance
File created: 2/9/2011
Status: Passed
In control: City Council
Final action: 4/13/2011
Title: Handicapped Parking Permit No. 54528
Sponsors: Harris, Michelle A.
Indexes: Handicapped
Attachments: 1. O2011-826.pdf

Date	Ver.	Action By	Action	Result
4/13/2011	1	City Council	Passed	Pass
4/6/2011	1	Committee on Traffic Control and Safety	Recommended to Pass	Pass
2/9/2011	1	City Council	Referred	

DISABLED PERMIT PARKING

REMOVAL APPLICATION

FOR SIGN REMOVAL REGARDING PROHIBITED PARKING

EXCEPT FOR DISABLED PERMIT NUMBER ¥.r Ji 4

(Please print or type.)

NAME OF DISABLED INDIVIDUAL: Aa.^A X J*Mt.* ^

REMOVAL LOCATION OF DISABLED PARKING SPACE REQUESTED:

1H0H ficnnstf-

(Please print or type current sign location address,)

CHICAGO, ILLINOIS (ZIP CODE) bo6v<i (PHONENUMBER)_

REASON FOR REMOVAL: ^ g, a +, S+, J__

NAME AND ADDRESS OF PERSON CURRENTLY BEING BILLED FOR ANNUAL SIGN

MAINTENANCE FEE: 7 S.A -a^A,

(Please provide information only if billing information differs.)

ILLINOIS VEHICLE T.CENSE NUMBER: &S*T ^ 3 ^

(W or V plates)

ILLINOIS DISABLED PLACARD NUMBER f 4 /296&_

(Secretary of State Disabled Placard)

CERTIFICATION: THE ABOVE INFORMATION IS CORRECT TO THE

BEST OF MY KNOWLEDGE: An-A+Jl. A/Zu***^.

(Signature of Applicant)

FORWARD THIS COMPLETED APPLICATION TO YOUR ALDERMAN.

APPLICANT'. DO NOT WRITE BELOW THIS LINE

SekScSScation: y^^/frfj^

(Aldermanic 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.

DECEDENTS LEGAL NAME. !? V; £.#;V " "■

vROSIE BRADDK'A: ai':^ li y>:

FEMALE

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JUNE 22;20i0 IH»V<

j COUNTY OF DEATH^iy^^SW^P^A^

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OAK LAWN ' V

HOSPITAL OR OTHER INSTITUTION NAMEf S

XHRIST HOSPITAL'S MED CNTR

:VJ i :

jjRLACE OF DEATH ! /.-gStf^ i

INPATIENT " "":iV^A^VoOVrA

JBIRTHPLACE^:

!.-BOBO. MS • v - 'v

'SOCIAL SECURITY NUMBER 337-20-4920 "" ■ " "

MARITAL STATUS ATTIME OF^DEATH: WIDOWED 'T •'>

SURVIVING SPOUSE'S^P:jj||f^fi||f^

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'RESIDENCE ~.■::+::?^<^A^,■?>■■■

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APT. NO.

HOUSE-¥' \

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i county"" : v- ^jv .

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STATES -:

ZIP CODE "60649

INFORMANTS NAME^^J^^jff^M'g.ifcWtii

*SARAH: WILLIAMS^ : h-^+m:^

^-FATHER'S NAME- -\ JiF■' .':

^::PRY?PATTERSON- v-^^

m

^SDAUGHTER«:Sv:Jij|^

■•MOTHER'S NAME PRIOR TO flRSTMARriage 'f. i'■

fiiMAMIE HUFRI (• <■

iiMAILINGADDRESS?!?!?I^^

•"?7404 S BENNETT; CHICAGO, Itv 60649t ^r^

METHOD OF DISPOSITION,: :"?f :r

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LOCAL-REGISTRARS)^

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^■-JUNE;23,^20IO^V;^.t^f^

[NAME;APPRESS ANpyziP!cODE;OF PERSON^COMPLETING^CAUSE OF. DEATH " " " Vy" ""^,ifr" ' jS?? " " PHYSICIAN'S LICENSE WMBERj-%^

:!iAkHTAR^SHEEO^D,\2545SfMAR™