



Office of the City Clerk

City Hall
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Room 107
Chicago, IL 60602
www.chicityclerk.com

Legislation Details (With Text)

File #: O2011-855
Type: Ordinance
Status: Passed
File created: 2/9/2011
In control: City Council
Final action: 3/9/2011
Title: Handicapped Parking Permit No. 74519
Sponsors: Harris, Michelle A.
Indexes: Handicapped
Attachments: 1. O2011-855.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	

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

74514

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-PARK (7275).

1. Date of Birth

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2. State Identification Number

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3. Drivers License Number

4. Applicant Last Name

MI

First Name

5. Home Address (primary residence)

STREET NUMBER | DIR. | STREET NAME

ZIP CODE

fcioiki v\q

6. Address where signs will be posted

STREET NUMBER DIR. STREET NAME

11 91311

H31HJI is in

, WARD NUMBER

7. Phone Numbers

Home

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Business

8. Current Permanent Disabled Placard Number

Registered to

Relationship to Applicant

9. Current License Plate Number

Registered to

City Sticker No.

Relationship to Applicant

0. Description of Medical Condition and Disability L^> ^^LtnJ^^^t^^jL^e^ CLioAfi IA//<ZAff>A&S&4Xj

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.)?

YES ☐ NO

12. If you answered Yes to question 11, please describe: ☐ Garage; ☐ Driveway; ☐ Car Port; ☐ Other:

13. Is your off-street parking accessible? AlosT T/AtSS fVCKiAiq \$ f>(L@&>)'s IW US & ^ depeAli Q(J fiTKeV fcn QTYes; ☐ No.

Please explain: W<U*S<S X ^K' V&T>/ pcJT>~ '

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

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FOR OFFICE USE ONLY

☐ FEE ☐ PLACARD/PLATE ☐ RESIDENCY ☐ COMPLETE

REMOVE BEFORE VEHICLE IS IN MOTION. THIS PLACARD IS NONTRANSFERABLE. IT IS ILLEGAL TO COPY OR DUPLICATE THIS PLACARD.

' THE AUTHORIZED HOLDER MUST BE PRESENT AND MUST ENTER OR EXIT : -; ; THE VEHICLE AT THE TIME THE PARKING¹ PRIVILEGES ARE BEING USED. ' ; UNAUTHORIZED USE MAY, RESULT, IN, A \$500 FINE, AND SUSPENSION ; OF V ; , DRIVER'S LICENSE AND/OR REVOCATION OF THE PLACARD... • .-tr^