

Office of the City Clerk

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

Legislation Details (With Text)

File #: 02011-886

Type: Ordinance Status: Passed

File created: 2/9/2011 In control: City Council

Final action: 3/9/2011

Title: Handicapped Parking Permit No. 68582

Sponsors: Zalewski, Michael R.

Indexes: Handicapped

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Attachments: 1. O2011-886.pdf

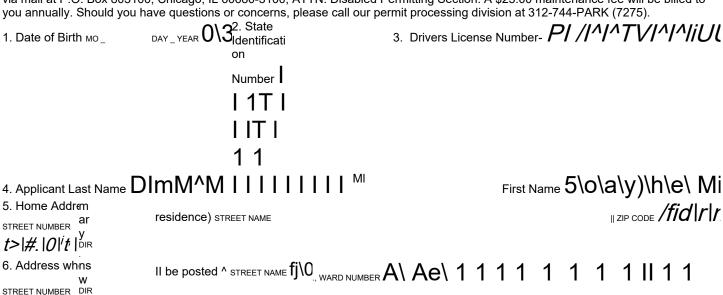
Date	Ver.	Action By	Action	Result
3/9/2011	1	City Council	Passed	Pass
3/8/2011	1	Committee on Traffic Control and Safety	Recommended to Pass	Pass
2/9/2011	1	City Council	Referred	

MfPUOAIIUN FOR DISABLED PARKING SIGNS 77813 PLEASE READ THE FOLLOWING CAREFULLY BEFORE COMPLETING THE FORM

misapplication 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).



File #: O2011-886, Version: 1					
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7. Priorie Numbers Home , 7 1 7 1		٨	Deletionship to Appli		
'8. Current Permanent Disabled Placard N	umber Registere to	u	Relationship to Appli		
	Ecfd'a	rc			
	t PI/pp				
	Ι ", ρρ	y			
9. Current License Plate Number	Regi stere d to	City Sticker No.	Relationship to Appli		
	d to	J-T -*-	r		
10. Description of Medical Condition and I Alternative Parking: Please note your appl 11. Is there off-street parking available at 12. If you answered Yes to question 11, pl 13.1s your off-street parking accessible? £ 14. Affirmation: I hereby affirm that the above	ication may be der your primary reside ease describe: &j (3 Yes; □ No.	nied if yoù have alternative accessit ence [2^YES □ NO (i.e., garae Garage; □ Driveway; □ Car Po Please explain:	ole off-street parking options. ge, car port, driveway, etc.)? rt; □ Other:		
that the applicant has falsely represented \$100 but no more than \$500, and the appl of Revenue of any changes in the informa Signature.	one or more of the ication shall be de	above conditions, the applicant sha	all be subject to a fine of not less than		
FOR OFFICE'USE ONLY					
□ FEE					
Date DD /DL ATE					
□ PLACARD/PLATE					
□ RESIDENCY □ COMPLETE					