



Office of the City Clerk

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

Legislation Details (With Text)

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|----------------------|--------------------------------------|----------------------|--------------|
| File #: | O2011-895 | | |
| Type: | Ordinance | Status: | Passed |
| File created: | 2/9/2011 | In control: | City Council |
| | | Final action: | 3/9/2011 |
| Title: | Handicapped Parking Permit No. 77807 | | |
| Sponsors: | Zalewski, Michael R. | | |
| Indexes: | Handicapped | | |
| Attachments: | 1. O2011-895.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 | |

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PLEASE READ THE FOLLOWING CAREFULLY BEFORE COMPLETING THE FORM

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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 PO. 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 _____ 2. State Identification Number MO_ DAY_ YEAR_ *CT'-t* 3. Drivers License Number \n

4. Applicant Last Name **k\9\m i i i i i i i i i i** **MI T** First Name **ViORiMiei**
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5. Home Address (residence) STREET NAME II & P CODE KJolul/

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WARD NUMBER

6. Address where s It be posted STREET NAME v<b It-| /

nin^{<?}i h^{liU} | | |

7. Phone Numbers Home '?!>|?o i7 Business 7 17 /?>T5 iff |2>~M| i ff |1~

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|--|---------------|------------------|---------------------------|
| 8. Current Permanent Disabled Placard | Registered to | | Relationship to Applicant |
| ii | i | | |
| 9. Current License Plate Number | Registered to | City Sticker No. | Relationship to Applicant |
| | r (| | |
| 10. Description of Medical Condition and Disability | | | |
| 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 <input type="checkbox"/> YES <input type="checkbox"/> NO (i.e., garage, car port, driveway, etc.)? | | | |
| 12. If you answered Yes to question 11, please describe: <input type="checkbox"/> Garage; <input type="checkbox"/> Driveway; <input type="checkbox"/> Car Port; <input type="checkbox"/> Other: | | | |
| 13. Is your off-street parking accessible? <input type="checkbox"/> Yes; <input type="checkbox"/> No. Please explain: /Vaf- R-^-flC^I | | | |
| 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 | | | |

FOR OFFICE USE ONLY

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