



Office of the City Clerk

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

Legislation Details (With Text)

File #: O2011-1501
Type: Ordinance
Status: Passed
File created: 3/9/2011
In control: City Council
Final action: 4/13/2011
Title: Handicapped Parking Permit No. 69164
Sponsors: Hairston, Leslie A.
Indexes: Handicapped
Attachments: 1. O2011-1501.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
3/9/2011	1	City Council	Referred	

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APPLICATION FOR DISABLED PARKING SIGNS 59 ■, 64 PLEASE READ THE FOLLOWING CAREFULLY BEFORE COMPLETING THE FORM

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 with the application. Please note: The application fee shall be waived for any person holding a valid, current Illinois Driver's License.

• Disability must be demonstrated as evidenced by a copy of your valid Illinois Driver's License. The application must be submitted at the time of application.

Proof of residency, in the form of a copy of your driver's license, state identification, or utility bill, is required at the time of application.

Completed application forms may be returned to: the office of your alderman, any City of Chicago office, or by mail to P.O. Box 803100, Chicago, IL 60680-3100. ATTN: Disabled Person's Section A \$25.00 non-refundable fee will be billed to you annually. Should you have questions or concerns please call 312.744.7275.

1. Date of Birth 2. State Identification Number 3. Driver's License Number

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*. Applicant Last Name (Last Name)

5. Home Address (Please print residence)

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6 Address where signs will be posted

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7. Phone Numbers Home ; Business

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j8 Current Permanent Disabled Person's Placard Number 1 Registered if

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SV Current License Plate Number Registered to City of Chicago Mr. <1. <1

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14. AKirmsHon: I hereby ttfirm thai the above information is. true and corroci. 11 iho Dtv o! Cr^i w.\ ;_1 >."i;n:v--i ...! i.....

•hat the applicant has 'aisely represented one or mo'o of lhe above conditions, the applicant sh.ill Vie. r*ul>|i,-r;; u,... imr r- r,c.: if.r.«. f 00 but no more than \$000. and ihe application shall be denied. 1 also understand thai it * ritsoonsiWitv 1 r«Mi!>. :: Onsa'in---Revenue o' any changes in the information provided *

Signature

FOR OFFICE USB^QONLY V, Q>\.^Ct' & '(' > X

JTFEE J PLACARD/PLATE ^.RESIDENCv J COMPLETE ^-7/ ,